

CERTIFICATE OF LIABILITY INSURANCE

3/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER				CONTACT Ann L. Melancon						
P&C Insurance					PHONE (A/C, No, Ext): (207)283-1486 FAX (A/C, No): (207)283-4258						
260 Main St.					E-MAIL ADDRESS: amelancon@insurancepc.com						
P.O. Box 356					INSURER(S) AFFORDING COVERAGE					NAIC #	
Biddeford ME 04005					INSURER A : Peerless Insurance Company						
INSURED								Mutual Ins Co		11149	
Local Sprouts Cooperative					INSURE						
Attn:Gregg Dorr					INSURER D :						
649 Congress Street					INSURER E:						
Portland ME 04101					INSURER F:						
COVERAGES CERTIFICATE NUMBER:2015 - Rev						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$_	1,000,000	
				CBP3054086		3/22/2015	3/22/2016	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	300,000	
A	ALL OWNED X SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS			BA1005460		10/26/2014	10/26/2015	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	_	
								Medical payments	\$	5,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A		1810093590		5/1/2015	5/1/2016	X PÉR OTH- STATUTE ER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$	100,000 100,000 500,000	
	DÉSCRIPTION OF OPERATIONS below								-		
A	Liquor Liability			CBP3054086		3/22/2015	3/22/2016	each ocAggregatecurrence		2,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(ACOR	D 101, Additional Remarks Scheo	dule, may	be attached if m	ore space is req	uired)			
CE	RTIFICATE HOLDER				CANC	ELLATION					
City of Portland 389 Congress Street Portland, ME 04101						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
FOLCIGIU, ME VIIVI					AUTHORIZED REPRESENTATIVE						
			Andrea Todd/KATIE								