

CERTIFICATE OF LIABILITY INSURANCE

NORMS-2

DATE (MM/DD/YYYY) 06/25/2015

OP ID: JC

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(les) 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).

	DUCER	omorra(c	7.	CONTACT Jessica O'Connell				
Varney Agency-Auburn 232 Center St, Suite D2 Auburn, ME 04210				NAME: Jessica O'Conneil PHONE (AC, No, Ext): 207-786-0417 (AC, No): 207-777-5827 E-MAIL				
				E-MAIL ADDRESS:				
J es t	sica O'Connell			INSURER(S) AFFORDING COVERAGE				NAIC#
				INSURER A : MAINE				
INSU	RED Congress Bar & Grill			INSURER B : HANOVER INSURANCE COMPANY				
617 Congress St Portland, ME 04101				INSURER C: PATRIOT INSURANCE COMPANY				32069
				INSURER D :				
				INSURER E :		- Address Park		
				INSURER F :				1
00	VERAGES CER	TIEICAT	TE NUMBER:	REVISION NUMBER:				
TI IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFRIFICATE MAY BE ISSUED OR MAY RECLUSIONS AND CONDITIONS OF SUCH	OF INSU	URANCE LISTED BELOW HA ENT, TERM OR CONDITION , THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIE	THE INSURE OR OTHER I S DESCRIBE	ED NAMED ABOVE FOR TO DOCUMENT WITH RESPE DI HEREIN IS SUBJECT TO	CT TO	WHICH THIS
NSR LTR		ADDL SUB	R	POLICY EFF POLICY EXP				
C	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD WY	POLICY NUMBER	(MM/DD/YYYY)	(WMVDD/YYYY)			1,000,000
C	V	v	CPP6111920	06/15/2015	06/15/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$	500,000
	CLAIMS-MADE X OCCUR	X	OPPOILIBEU	00/10/2010	Ju 13/2010	PREMISES (Ea occurrence)	\$	5,000
						MED EXP (Any one person)	\$	1,000,000
						PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY					(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	-	
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	\$	1.72
	HIRED AUTOS AUTOS					(Per accident)	-	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
_	DED RETENTION \$					PER OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYER	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
С	Property Section		CPP6111920	06/15/2015	06/15/2016			
City	or Portland is included as Addititity.	LES (ACO	ND 101, Additional Remarks Sched sured with respect to g	tule, may be attached if mo jeneral	re space is requi	red)		
				OANOFIL ATION				
City of Portland 389 Congress Street Portland,, ME 04101-3566				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
				ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				