

CEDTIEICATE OF LIADILITY INCLIDANCE

VINBLLC-01

EIRISH DATE (MM/DD/YYYY)

DAIL	(141141)	•••	• •

(ΞR		ICATE OF LIA	BILI		URANC	,E	4/	27/2016		
E C	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.												
t	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).												
	DUCE					CONTACT NAME:							
Clark Insurance 2385 Congress Street Portland, ME 04104						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994 E-MAIL ADDRESS: info@clarkinsurance.com							
						INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : MMG Insurance Company					15997		
INS	JRED					INSURER B :							
		Vinbar LLC dba Rosso Bian	со			INSURER C :							
593 Congress St Portland, ME 04101						INSURER D :							
	VFR	AGES CER	TIFI	CATE	NUMBER:	INSURER F : REVISION NUMBER:							
		IS TO CERTIFY THAT THE POLICI		-		HAVE B	EEN ISSUED			THE PO	LICY PERIOD		
0	ERTI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB					
INSF		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тs			
Α	Х	COMMERCIAL GENERAL LIABILITY						· · · · ·	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			BP12451070		02/15/2016	02/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000		
									MED EXP (Any one person)	\$	5,000		
									PERSONAL & ADV INJURY	\$	1,000,000		
	-	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X								PRODUCTS - COMP/OP AGG	\$	2,000,000		
<u> </u>		OTHER:							COMBINED SINGLE LIMIT	\$			
	AUT	TOMOBILE LIABILITY							(Ea accident)	\$			
		ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
		AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	\$			
		HIRED AUTOS AUTOS							(Per accident)	\$			
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		DED RETENTION \$								\$			
	WOF								PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	(Mar	TICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	\$			
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
		TION OF OPERATIONS / LOCATIONS / VEHIC Portland is an additional insured for							red)				
	0.1		Con		ability with respect to the	moure		•					
	יידם					CAN							
	rt i li	FICATE HOLDER					CELLATION						
City of Portland 389 Congress Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Portland, ME 04101						AUTHORIZED REPRESENTATIVE							
							Willin R. Exley						
						N							
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