

MLABRECQUE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2013

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

	ie terms, and conditions of the policy ertificate holder in lieu of such endors	,		. , .	enaorse	ement. A sta	tement on th	is certificate does not co	onter	rignts to the	
PRODUCER Clark Insurance P O BOX 3543						CONTACT Mary Labrecque PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994					
						INSURER(S) AFFORDING COVERAGE					
					INSURE	R A : Peerles	s Insurance	е		24198	
Local 188 685 Congress St						INSURER B:					
						INSURER C:					
						INSURER D:					
	Portland, ME 04101		INSURER E :								
				INSURER F:							
				E NUMBER:	LIAVE D	EEN IOOUED 3		REVISION NUMBER:		LIOV PEDIOD	
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR		POLICIES. LIMITS SHOWN MAY HAVE BE ADDL SUBR			DEEN	POLICY EFF POLICY EXP LIMITS					
LTR	TYPE OF INSURANCE GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
A	X COMMERCIAL GENERAL LIABILITY	X		CBP9312320		5/1/2013	5/1/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT			
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							` ' '	\$		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$		
	HIRED AUTOS AUTOS							(PER ACCIDENT)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A						E.L. EACH ACCIDENT	\$		
		N/ A						E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Of Portland is and additional insured w							sing out of the operations	of the	insured.	
CERTIFICATE HOLDER						CANCELLATION					
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.					
					AUTHORIZED REPRESENTATIVE						
					Latan St.						