

CERTIFICATE OF LIABILITY INSURANCE

LOCA188-01 MLABRECQUE

DATE (MM/DD/YYYY) 5/23/2016

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). PHONE (A/C, No. Ext): (207) 774-6257 E-MAIL info@clarkingur Clark Insurance FAX (A/C, No): (207) 774-2994 2385 Congress Street Portland, ME 04104 E-MAIL ADDRESS: info@clarkinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Peerless Insurance 24198 INSURED INSURER B : INSURER C : Local 188 685 Congress St INSURER D Portland, ME 04101 INSURER E INSURER F COVERAGES CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

R	TYPE OF INSURANCE	INSD WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		CBP9312320		05/01/2017	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		05/01/2016		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
ľ						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1				GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	S	2,000,000
i	OTHER:				1		\$	
	AUTOMOBILE LIABILITY			1		COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS		İ			PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
- ((Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
ESC ty c	RIPTION OF OPERATIONS / LOCATIONS / VEHIC of Portland is and additional insured v	cles (Acor when requ	RD 101, Additional Remarks Schedule, lired by written contract with r	may be attached if mo eference to Gener	re space is requiral Liability pe	red) er attached 22-45.		
	TIFICATE HOLDER			ANCELLATION		The state of the s		

CERTIFICATE HOLDER	CANCELLATION		
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		
	10,		