COMMUDEN

Client#: 962219

 $ACORD_{\scriptscriptstyle{16}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/13/2016

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).

PRODUCER				CONTACT Jill Ketchen						
USI Insurance Services, LLC				PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110						
75 John Roberts Road, Building C				E-MAIL ADDRESS: Jill.Ketchen@usi.com						
South Portland, ME 04106				INSURER(S) AFFORDING COVERAGE NAIC #						
855 874-0123				INSURER A: Maine Mutual Group Insurance Co					15997	
INSURED				INSURER B:						
Community Dental				INSURER C:						
366 US Route 1				INSURER D:						
Falmouth, ME 04105			INSURER E:							
			INSURER F:							
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
	DOLLOVEEE DOLLOVEYD									
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSR WVD							Γ		
A X COMMERCIAL GENERAL LIABILITY		BP12607423		08/05/2016	08/05/2017			\$1,00		
CLAIMS-MADE X OCCUR								\$1,000,000		
						MED EXP (Any one person)		\$5,000		
						PERSONAL & ADV INJURY \$1,000,00				
GEN'L AGGREGATE LIMIT APPLIES PER:								\$2,00		
POLICY PRO- JECT LOC						\$2,00	\$2,000,000			
OTHER:								\$		
AUTOMOBILE LIABILITY	1					COMBINED SINGLE LIMIT (Ea accident) \$				
ANY AUTO			BODILY INJURY (Per person		er person)	\$				
ALL OWNED SCHEDULED AUTOS	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)				
								\$		
UMBRELLA LIAB OCCUR	***************************************				**	EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		//		
DED RETENTION\$								\$		
WORKERS COMPENSATION						PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N						E.L. EACH ACCIDENT \$				
	N/A					E.L. DISEASE - EA EMPLOYEE \$				
(Mandatory in NH) If yes, describe under				E.L. DISEASE - P						
DÉSCRIPTION OF OPERATIONS below						E.E. DIGERGE - F G	LIOT LIMIT			
\$										
DECORIDATION OF ODERATIONS (LOCATIONS (VEHIC	LESTACOR	D 404 Additional Pemarks Sched	lulo may	he attached if mo	re snace is regi	ulred)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Business Owners Policy includes an additional insured endorsement that provides additional insured										
status to the Certificate Holder only with regard to the premises located at:										
190 Park Avenue, Portland, ME 04102										
100 t din zatonaoji oznanaj mie ottos										
CERTIFICATE HOLDER				CANCELLATION						
						E00DIDES 50' :-	UEO DE C	MOZ! :	ED DEFORE	
City of Portland				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
389 Congress Street				ACCORDANCE WITH THE POLICY PROVISIONS.						

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Portland, ME 04101

AUTHORIZED REPRESENTATIVE

Sevet Transtill