CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2016

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).

		ate holder in lieu of such endo			s may require an e	enaorse:	ment. A sta	tement on th	is certificate do	es not con	ifer rights to the	
PRODUCER						CONTAC NAME:	CONTACT Joshua Ahn					
ARC Underwriting Partners Inc							PHONE (A/C, No, Ext): (516) 726-1500 FAX (A/C, No): (516) 2				16) 208-4388	
73 Cuttermill Road							E-MAIL ADDRESS: info@arcunderwriting.com					
Great Neck, NY 11021						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURE	RA: Starr In	demnity and	d Liability Comp	any	38318	
INSURED						INSURE	INSURER B : Technology Insurance Company				42376	
Neo Maine Inc							INSURER C:					
150 Eastern Ave							INSURER D:					
Chealsea MA 02150							INSURER E :					
						INSURE	RF:					
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 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.												
INSR LTR TYPE OF INSURANCE				ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
	x C	OMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E \$	2,000,000	
Α		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	rronco) \$	300.000	

	K	THE OF INSOIGNOE		WVD) POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIN		3		
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
					1000366680151	12/04/2015	12/04/2016	MED EXP (Any one person)	\$ 10,000
1								PERSONAL & ADV INJURY	s Included
	G	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	x	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4 ,000,000
		OTHER:							\$
	A	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
1		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								•	\$
1		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		ORKERS COMPENSATION ID EMPLOYERS' LIABILITY						PER X OTH- STATUTE X ER	
В	AN	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3522513	12/04/2015	12/04/2016	E.L. EACH ACCIDENT	\$ 1,000,000
	(M							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DE							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
1									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc 2: 288 St John Street, Portland, ME 04102

CERTIFICATE HOLDER	CANCELLATION					
City of Portland 389 Congress St 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 <jc></jc>					