



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/20/2012

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 LIABILITY 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
NCMIC Insurance Services, Inc.
14001 University Avenue
CLIVE IA 50325

INSURED
PORTLAND CHIROPRACTIC & NEUROLOGY
19 COMMERCIAL ST STE 2A
PORTLAND ME 04101
INSURER F:
INSURER E:
INSURER D:
INSURER C:
INSURER B:
INSURER A: Peerless Indemnity Insurance 18333
INSURERS AFFORDING COVERAGE
NAIC #

COVERAGES
CERTIFICATE NUMBER: C11282004473
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	GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY	CLAIMS-MADE	OCUR	ADDITIONAL SUBR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X		BOPB371362	1/22/2012	1/22/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (EA accident) \$
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED HIRE AUTOS									
	AUTOMOBILE LIABILITY									
	GENERAL LIABILITY									
	COMMERCIAL GENERAL LIABILITY									
	CLAIMS-MADE									
	OCUR									
	EXCESS LIAB									
	RETENTIONS \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)									
	IF YES, describe under DESCRIPTION OF OPERATIONS below									
	EL. DISEASE - EA EMPLOYEE \$									
	EL. DISEASE - POLICY LIMIT \$									

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

CERTIFICATE HOLDER
CANCELLATION

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
Diana Wilson

ACORD 25 (2010/05)
City of Portland
389 Congress St
Portland, ME 04101