4 0-	- 1 ®
AC	ORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2013

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

CONTACT Diane Christy					
	7) 780-6377				
E-MAIL ADDRESS: dchristy@crossagency.com					
INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A : Hanover Ins Group					
INSURER B Maine Employers Mutual Ins Co	11149				
INSURER C :					
INSURER D :					
INSURER E :					
INSURER F :					
	INSURER(S) AFFORDING COVERAGE  INSURER A: Hanover Ins Group  INSURER B Maine Employers Mutual Ins Co INSURER C: INSURER D: INSURER E:				

COVERAGES CERTIFICATE NUMBER:CL1341783536 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.

NSR	TYPE OF INSURANCE	INSR WV	P FOLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY					EACH OCCURRENCE	s	1,000,000
A	X COMMERCIAL GENERAL LIABILITY		ODP9079114-01	5/16/2012	5/16/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR	x				MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
Ì	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	s	2,000,000
î	X POLICY PRO-						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
1	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
İ	AUTOS AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
Ī							s	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	5	
DED	DED RETENTION \$						\$	
В	WORKERS COMPENSATION			5/16/2012	5/16/2013	WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1810068850			E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)	MA				E L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. Certificate Holder is an Additional Insured with respect to Commercial General Liability only.

CERTII	FICATE	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

Diane Christy/AD5

Diane M. Christy