

ASHAW

CERTIFICATE OF LIABILITY INSURANCE

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

DATE (MM/DD/YYYY) 02/08/2017

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject in							require an endorsemen	t. As	tatement on	
PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104						CONTACT NAME:					
						NAME: PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994					
						E-MAIL and and a community of the commun					
						INSURER(S) AFFORDING COVERAGE NAIC #					
					INCLINE		•			23043	
INCURED						INSURER A : Liberty Mutual Insurance Company INSURER B :				23043	
Apotheosis, Inc. 153 Dartmouth Street Apt. 1 Portland, ME 04103											
						R C :					
						R D :					
						INSURER E: INSURER F:				-	
	V=2 4 6 5 6				INSURE	RF:					
				E NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REPRIFICATE MAY BE ISSUED OF MAY	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSR						POLICY EFF POLICY EXP					
LTR A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000	
^				TDD		00/00/0047	00/00/0040	DAMAGE TO RENTED		50,000	
	CLAIMS-MADE X OCCUR	X		TBD		02/08/2017	02/08/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	Section for the control of the contr							ELE BIOLAGE TOLIGITELINIT			
Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI cificate holder is an additional insured, b lility arising out of the ongoing operatior	y au	toma	tic status, when required k	ile, may b	e attached if moren contract, v	re space is requir vhen execute	red) d prior to any loss, with r	egard	s to general	
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.					
					W 4	RIZED REPRESE VOGU a A	t .				