

## **CERTIFICATE OF LIABILITY INSURANCE**

MFAIRBANKS

DATE (MM/DD/YYYY) 06/20/2017

PINSDES-01

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 have ADDITIONAL INSURED provisions or 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).											
PRODUCI	ER	CONTA NAME:	CONTACT NAME:								
Smithwick & Mariners Insurance, Inc. 36 B Main Street Kennebunk, ME 04043					PHONE (A/C, No, Ext): (207) 985-3791 FAX (A/C, No): (207) 985-3395						
					E-MAIL ADDRESS: infokbk@smithwick-ins.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : MMG Insurance Group						
INSURED Pinscher Designs LLC 4 Warren Avenue, Ste 2 Westbrook, ME 04092					RB:						
					INSURER C :						
					INSURER D :						
					INSURER E :						
					INSURER F :						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										1	
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.											
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	s	1 000 000	
AX							EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE X OCCUR		BP12417168		11/04/2016	11/04/2017	DAMAGE TO RENTE PREMISES (Ea occur	rrence)	\$	5 000	
							MED EXP (Any one p	erson)	\$	5,000	
							PERSONAL & ADV IN	NJURY	\$	1,000,000	
GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	ATE	\$	2,000,000	
							PRODUCTS - COMP/	OP AGG	\$	2,000,000	
OTHER:									\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO						BODILY INJURY (Per	r person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per		\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	E	\$		
									\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DED RETENTION \$								\$		
WO	RKERS COMPENSATION D EMPLOYERS' LIABILITY						PER STATUTE	OTH- ER			
		N/A					E.L. EACH ACCIDEN	т	\$		
	Y PROPRIETOR/PARTNER/EXECUTIVE						E.L. DISEASE - EA E	MPLOYEE	\$		
If ye	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLI				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
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						
ACORD 25 (2016/03)					© 1988-2015 ACORD CORPORATION. All rights reserved.						