PORTCOM-01

MPOULIN

DATE (MM/DD/YYYY) 12/21/2016

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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.

th	is certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	lorsement(s)		-	i. A 5i	atement on	
PRODUCER					CONTACT Matthew Poulin, AINS						
Clar	k Insurance Congress Street				PHONE FAX (A/C, No, Ext): (A/C, No):						
Portland, ME 04104					E-MAIL ADDRESS: mpoulin@clarkinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: Philadelphia Insurance Company					
INSURED						INSURER B:					
Portland Community Squash PO Box 6037 Falmouth, ME 04105					INSURER C:						
					INSURE						
					INSURER E :						
					INSURER F:						
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 INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK1562486		10/05/2016	10/05/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	Excluded	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			PHUB559547		10/05/2016	10/05/2017	AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 10,000								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$			
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$		
_	If yes, describe under DESCRIPTION OF OPERATIONS below			DUDICATION		10/05/0010	10/05/0017	E.L. DISEASE - POLICY LIMIT	\$	1 000 000	
Α	Professional Liab.			PHPK1562486		10/05/2016	10/05/2017	Limit		1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC tion: 66 Noyes Street, Portland ME 041	LES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	red)			
LUCE	non. 00 Noyes Street, Fortiand ME 041	00									
City	of Portland is listed as additional insur	ed w	ith re	spect to general liability if	require	d by written	contract.				
CERTIFICATE HOLDER						CANCELLATION					
City of Portland 55 Portland 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.					
Portiano, ME 04101					AUTHORIZED REPRESENTATIVE OSCHOLA T. FROLY						