

_										WOODSTR-03		CSYERXA	
A	S		C	ER	TIF	ICATE OF LIA	BILI		URANC	;E		(MM/DD/YYYY) 13/2014	
	CERT BELO	IFICATE DOES I W. THIS CERT	NOT AFFIRMAT	IVEL	Y OF	R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDED	re hoi By th	LDER. THIS E POLICIES	
l t	MPO he te	RTANT: If the	certificate holde	eris y, cei	an A rtain	DDITIONAL INSURED, the policies may require an e							
PRODUCER								CONTACT NAME: FAX PHONE (A/C, No, Ext): (207) 774-6257 E-MAIL ADDEFES: FAX (A/C, No): (207) 774-2994					
								ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
												15997	
INSURED Woodford Street Garage												11149	
Gavett Enterprises Inc. 260 Woodford Street Portland, ME 04103-5604								INSURER C : INSURER D :					
								INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							IN OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS COED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
	X	TYPE OF INSU			WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT EACH OCCURRENCE	s \$	1,000,000	
		CLAIMS-MADE	X	x		BP 0435381		06/01/2014	06/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	5,000	
]								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000 2,000,000	
		OTHER:									\$	_,,	
	AUT									COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$		
		AUTOS	AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE	:						AGGREGATE	\$		
	WO			<u> </u>	<u> </u>					PER OTH-	\$		
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					1810102663		06/01/2014	06/01/2015	STATUTE ER	\$	100,000	
	OFFI	ICER/MEMBER EXCLUD	DED?	N/A		1010102000		00/01/2014	00/01/2010	E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes	s, describe under CRIPTION OF OPERAT	TIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
						D 101, Additional Remarks Schedu	ula may k	a attached if may		rod			
						e policy when required by			e space is requi				
CERTIFICATE HOLDER								CANCELLATION					
City of Portland Maine 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.					
								Jennifu Ferrante					

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