

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2015

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.

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 certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (212) 375-3000 E-MAIL ADDRESS: amb Financial Group FAX (A/C. No): (718) 389-4300 145 W. 45th Street New York, NY 10036 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Houston Specialty Insurance Company 12936 INSURED INSURER B : INSURER C Advantage Home Care LLC 550 Forest Ave, Suite 206 INSURER D Portland, ME 04101 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. ADDL|SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS **POLICY NUMBER** X COMMERCIAL GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) ALH660622-00 12/01/2014 12/01/2015 X CLAIMS-MADE 100,000 \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 GENERAL AGGREGATE \$ PRO-JECT X POLICY 3,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) AL H660622-00 12/01/2014 12/01/2015 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X X \$ HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **CLAIMS-MADE** AGGREGATE \$ DED RETENTION\$ WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 12/01/2014 12/01/2015 \$1MM/\$3MM ALH660622-00 Prof. Liability ALH660622-00 12/01/2014 | 12/01/2015 | \$1MM/\$1MM Abuse/Molestation DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder is included as Additional Insured with respect to the sign attached to the building. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland 389 Cingress Street Portland, ME 04101 AUTHORIZED REPRESENTATIVE