

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/14/2016

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 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).

certificate holder in lieu of such endor	semen	ıt(s)								
PRODUCER	CONTACT Maria Lauderdale									
Sabal Insurance Group					PHONE (954) 828-9948 FAX (A/C, No): (954) 828-9949					
1000 E Broward Blvd.					E-MAIL ADDRESS: mlauderdale@sabalinsurance.com					
					INSURER(S) AFFORDING COVERAGE					
Ft Lauderdale FL 33301					INSURER A :Cfc- Lloyds					
INSURED					INSURER B:					
Advantage Home Care, LLC					INSURER C:					
550 Forrest Avenue, Suite 206					INSURER D:					
					INSURER E:					
Portland ME 04101					INSURER F:					
COVERAGES CERTIFICATE NUMBER:2016-17					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 S	UBR NVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
x COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		1,000,000	
A x CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D rence) \$	250,000	
x Prof Liability: \$1M/\$3M	Prof Liability: \$1M/\$3M MSF01221846				12/1/2016	12/1/2017	MED EXP (Any one po	erson) \$	5,000	
x Retro Date: 12.1.2015							PERSONAL & ADV IN	JURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE \$	3,000,000	
POLICY PRO- JECT LOC	1,4,4						PRODUCTS - COMP/	OP AGG \$		
OTHER:							Deductible	\$	2,500	
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$	1,000,000	
A ANY AUTO					:		BODILY INJURY (Per	person) \$		
I I ALL OWNED I I SCHEDULED			MSF01221846		12/1/2016	12/1/2017	BODILY INJURY (Per	accident) \$	A. A	
AUTOS AUTOS HIRED AUTOS X AUTOS AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION\$	1							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDEN	\$		
							E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below					_		E.L. DISEASE - POLI	CY LIMIT \$		
A Sexual Misconduct/Abuse			MSF01221846		12/1/2016	12/1/2017	Per Claim/Aggregate	· · · · · · · · · · · · · · · · · · ·	\$100k/\$300k	
A Fidelity of Employees			MSF01221846		12/1/2016	12/1/2017	Aggregate Limit/Dedu-	ctible	\$25k/\$2.5k	
							3			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER					CANCELLATION					
City of Portland, ME 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.					
					AUTHORIZED REPRESENTATIVE Ian Norris/SARAHS					
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