

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2013

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).

PRODUCER	CONTACT Tracy Wiles, ACSR	
P&C Insurance	PHONE (A/C, No, Ext): (207)283-1486 FAX (A/C, No): (207)28	33-4258
260 Main St.	E-MAIL ADDRESS: twiles@insurancepc.com	
P.O. Box 356	INSURER(S) AFFORDING COVERAGE	NAIC #
Biddeford ME 04005	INSURER A Netherlands Insurance Company	24171
INSURED	INSURER B Maine Employers Mutual Ins Co	11149
Portland Ballet Co	INSURER C:	
517 Forest Ave, Suite 2	INSURER D:	
Portland, ME 04101	INSURER E:	
ME 04101	INSURER F:	

## COVERAGES CERTIFICATE NUMBER: CL1310702779 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		ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X COMMERCIAL GENERAL LIAE	BILITY					PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X 0	CCUR		CBP9647597	11/9/2013	11/9/2014	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES	S PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT	LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHE AUTOS AUTO	EDULED OS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-	OWNED OS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB O	CCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CI	LAIMS-MADE					AGGREGATE	\$	
	DED RETENTION\$							\$	
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC STATU- OTH- TORY LIMITS ER		
					10/10/2013	10/10/2014	E.L. EACH ACCIDENT	\$	100,000
			1810019997	1810019997			E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS be	elow					E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
In regards to General Liability, certificate holder and any other person is an Additional Insured when required by contract, agreement or permit.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 239 Park Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Portland, ME 04101	AUTHORIZED REPRESENTATIVE  Randy Smith/TRACY

CANOELL ATION

OFFICIOATE HOLDER