								SLSPRO	P- <u>01</u>	CFORD	
Ą	CORD [®] CI	=R.	TIF		ABILITY INSURANCE					(MM/DD/YYYY)	
									/5/2016		
CI BI RI	IIS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AI	IVEL SURA ND TI	Y OF NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE ITE A	ND OR ALI CONTRACT	ER THE CO BETWEEN	OVERAGE AFFORD THE ISSUING INSU	DED BY TH RER(S), AU	E POLICIES ITHORIZED	
th	PORTANT: If the certificate holde e terms and conditions of the policy rtificate holder in lieu of such endors	/, cer	tain _I	policies may require an e							
	UCER			-	CONTA NAME:	ст					
Norton Insurance Agency 275 US Route 1						PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350					
	berland Foreside, ME 04110				E-MAIL ADDRE				,,,.,,,,,		
					7.020.02		URER(S) AFFOF			NAIC #	
					INSURE	RA: Mass B				22306	
INSURED						INSURER B :					
S L S Properties LLC						INSURER C :					
	PO Box 314		INSURER D :								
	Yarmouth, ME 04096				INSURER E :						
					INSURE	RF:					
				NUMBER:				REVISION NUMBE			
IN CE E>	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH R	ESPECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR INSD WVD POLI			LICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		ZDP7910414		10/08/2015	10/08/2016	DAMAGE TO RENTED PREMISES (Ea occurrenc	ce) \$	100,000	
								MED EXP (Any one person	on) \$	10,000	
								PERSONAL & ADV INJUF	RY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP		Included	
								COMBINED SINGLE LIMI	\$		
								(Ea accident)	φ		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per pers			
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per acci PROPERTY DAMAGE	,		
	HIRED AUTOS							(Per accident)	\$		
									\$		
								EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED RETENTION \$							PER O' STATUTE EI	\$ 0TH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT			
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPL E.L. DISEASE - POLICY L			
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLICI L			
Addi	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ional insured status is provided on the ed is performing operations on behalf	e poli	cies i	ndicated in the column ab					tent that the	named	

CERTIFICATE HOLDER

City of Portland 389 Congress ST 4th FL Portland, ME 04101 CANCELLATION

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

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