OCEAAVE-03

**ETARDIFF** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2016

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).

C		cate holder in lieu of such endors	•		. , .		mont. A sta	tomont on th	no oci imodici di	000 1101 0		igitio to tile	
PRODUCER United Insurance - Portland 470 Forest Avenue Portland, ME 04101							CONTACT NAME:						
							o, Ext): (207) 7	97-9400		FAX (A/C. No):	(207)	523-8057	
							E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A : Hanover American Ins Co					36064	
INSURED Constant LLO Local La LLO							INSURER B:						
							INSURER C:						
		Ocean Ave, LLC, Lucy Lu, L 182 Ocean Ave			INSURER D :								
		Portland, ME 04103				INSURER E :							
			TIFICATE NUMBER:			INSURER F:							
CO	VFR	AGES CER				REVISION NUMBER:							
						HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI						ICY PERIOD	
IN	DICA	ATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
		FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH								UBJECT T	O ALL	THE TERMS,	
INSR	TOLU		ADDL	ADDLISUBR			POLICY EFF POLICY EXP						
A A	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY			WVD	POLICY NUMBER	(MM/DD/YYYY		(MM/DD/YYYY)	LIMITS		1 000 000		
^	^	CLAIMS-MADE X OCCUR			ZDPA990510		00/00/0040	06/29/2017	EACH OCCURREN  DAMAGE TO RENT		\$	1,000,000	
							06/29/2016		PREMISES (Ea occ		\$	100,000	
									MED EXP (Any one	person)	\$	5,000	
									PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
		OTHER:							COMBINED SINGLE	ELIMIT	\$		
	AUT	OMOBILE LIABILITY							(Ea accident)		\$		
		ANY AUTO							BODILY INJURY (P	er person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (P		\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	GE	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	(Man	CER/MEMBER EXCLUDED?							E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)				
CE	TIE	ICATE HOLDER				CANCELLATION							
CERTIFICATE HOLDER							CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
		City of Portland				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
		389 Congress Street				ACCORDANCE WITH THE POLICY PROVISIONS.							
		Portland, ME 04101				AUTHORIZED REPRESENTATIVE							
						AUTHORIZED REFRESENTATIVE							