

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2014

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)

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PRODUCER		CONTACT Marina Salang-White				
Cross Insurance-Portlar	nd		Ext): (207)780-1677 FAX (A/C, No): (207)780-6377			
2331 Congress Street		E-MAIL ADDRESS: msalangwhite@crossagency.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
Portland ME	04102	INSURER A: Citizens Ins Co of Amer	ica	31534		
INSURED		INSURER B Allmerica Financial Ben	efit	41840		
Bull Moose Music		INSURER C: Hanover Ins Group				
c/o Crickery Wood, Inc		INSURER D Maine Employers Mutual Ins Co.				
17 Arbor St.		INSURER E :				
Portland ME	04103	INSURER F:				

COVERAGES CERTIFICATE NUMBER: CL1452109953 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1	,000,000
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$	100,000
	CLAIMS-MADE X OCCUR	x		ZBP958195802	6/1/2014	6/1/2015	MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$ 1	,000,000
							GENERAL AGGREGATE \$ 2	,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2	,000,000
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY		AWP957869402			6/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1	,000,000
В	X ANY AUTO				6/1/2014		BODILY INJURY (Per person) \$	
ь	ALL OWNED SCHEDULED AUTOS AUTOS			AWP957869402			BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							Medical payments \$	5,000
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 3	,000,000
С	EXCESS LIAB CLAIMS-MADE	≣					AGGREGATE \$ 3	,000,000
	DED X RETENTION\$	0		UHP957870502	6/1/2014	6/1/2015	\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			5101800424		6/1/2015	E.L. EACH ACCIDENT \$	500,000
					6/1/2014		E.L. DISEASE - EA EMPLOYEE \$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Portland is included as additional insured with respect to General Liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION	
City of Portland 389 Congress Street		E DESCRIBED POLICIES BE CANCELLED BEFORE THEREOF, NOTICE WILL BE DELIVERED IN DLICY PROVISIONS.
Portland, ME 04101	AUTHORIZED REPRESENTATIVE	
	Amber Donahue/AD5	Amber Demonie