570051262718



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 00/13/2013

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

PRODUCER		CONTACT NAME:				
Aon Risk Services Northeast, Stamford CT Office	, inc.	PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No,): 800-363-0105				
1600 Summer Street Stamford CT 06907-4907 USA		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE			NAIC#	
INSURED		INSURER A:	Travelers Proper	ty Cas Co of America	25674	
WCSH One Congress Square		INSURER B:				
Portland ME 04101 USA		INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 5700512627	18	REV	ISION NUMBER:	E p	

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.

	E OF INSURANCE		SUBR	LIMITS SHOWN MAY H		POLICY EXP	HIRE SH	own are as requested	
SR TYPE OF INSURANCE A GENERAL LIABILITY				TC2JGLSA229T158712	(MM/OD/YYYY)	[MM/DD/YYYY) 10/01/2013			
H				TC23GESAEE3T13GF12	10/01/2012	10/01/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$2,000,000	
	AL GENERAL LIABILITY	ĺ					PREMISES (Ea occurrence)	\$2,000,000	
CLAIMS-MADE X OCCUR		-	į		ŀ		MED EXP (Any one person)	Excluded	
1 1							PERSONAL & ADV INJURY	\$2,000,000	
		_					GENERAL AGGREGATE	\$2,000,000	
GEN'L AGGREGA	TE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000	
X POLICY	JECT LOC							,	
AUTOMOBILE LIA							COMBINED SINGLE LIMIT (Ea accident)		
ANY AUTO							BODILY INJURY (Per person)		
ALL OWNED					l		BODILY INJURY (Per accident)	****	
AUTOS	AUTOS NON-OWNED				İ		PROPERTY DAMAGE		
HIRED AUTO	S AUTOS						(Per accident)		
		<u> </u>							
UMBRELLA	LIAB OCCUR						EACH OCCURRENCE		
EXCESS LÍA	B CLAIMS-MADE	.					AGGREGATE	'	
DED RET	ENTION	+							
WORKERS COM							Dura aramu I I	···	
EMPLOYERS' LIZ	ABILITY VI	N					WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR OFFICER/MEMBER	PARTNER / EXECUTIVE PROPERTY OF THE PROPERTY O	N/A					E.L. EACH ACCIDENT		
(Mandatory in NI- If yes, describe un	ŋ <u></u>	4					E.L. DISEASE-EA EMPLOYEE		
DESCRIPTION OF	OPERATIONS below						E.L. DISEASE-POLICY LIMIT		
		•							

WCSH Fit at land , Porti ral Liabilit	: 5k Race - Race pr land Parks and Recr	epara eatio	tion tion n are	coRD 101, Additional Remarks on Saturday, Septe e included as Addit	s schedule, if more space is n mber 28, 2013, Rac ional Insured in a	equired) e date: Si ccordance v	inday, September 29, rith the policy provi	2013. City of sions of the	
TIFICATE HO	LDER			C	ANCELLATION				
					SHOULD ANY OF THE A EXPIRATION DATE THERE POLICY PROVISIONS.	BOVE DESCRI DF, NOTICE WI	BED POLICIES BE CANCELLE LL BE DELIVERED IN ACCORD	ED BEFORE THE DANCE WITH THE	
City of Portland Portland Parks and Recreation Attn: Ted Musgrave				AU	AUTHORIZED REPRESENTATIVE				
134 Congr	ess Street ME 04101 USA				Aon Rii	k Servi	ices Northeast, I	Inc	

CANCELLATION