## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/8/2015

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 SPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PORTANT: 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 Jacqueline Ramsey					
The Rubin Group Inc				PHONE (A/C, No. Ext): (212)791-4300 FAX (A/C, No): (212)791-0456 E-MAIL ADDRESS: jramsey@therubingroup.com					
111 John Street			E-MAIL ADDRES	s: jramsey	@therubir	ngroup.com			
Suite 1900				INSURER(S) AFFORDING COVERAGE				NAIC #	
New York NY 10038				INSURER A: Philadelphia Insurance Company					
INSURED				INSURER B:					
Crohn's & Colitis Foundation of America Inc 733 Third Avenue Suite 510				INSURER C:				1	
				INSURER D:					
				INSURER E:					
lew York NY 10007				INSURER F:					
COVERAGES CERT	OVERAGES CERTIFICATE NUMBER:CL1548058					REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES ( INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH P	UIREME ERTAIN, OLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS	OCUMENT WITH RESPECT TO	CTT	WHICH THIS	
NSR LTR TYPE OF INSURANCE	DDL SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,00	
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00	
A CLAIMS-MADE X OCCUR	X	PHPK1275242		12/31/2014	12/31/2015	MED EXP (Any one person)	\$	20,00	
						PERSONAL & ADV INJURY	\$	1,000,00	
	APPLIES PER:				GENERAL AGGREGATE	\$	2,000,00		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,00	
X POLICY PRO- JECT LOC							\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	- vinen	
HIRED AUTOS NON-OWNED AUTOS						(Per accident)	\$		
							\$		
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	20,000,00	
A EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	20,000,00	
DED X RETENTIONS 10,000	X	PHUB485384		12/31/2014	12/31/2015		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mand atory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICL Certificat Holder is included Payson Park in Portland, ME O		   ACORD 101, Additional Remarks   Additional insure	Schedule ed fo	a, if more space i r the Tke	s required) Steps Wa	l ulk on Saturday M	ay 1	16, 2015 at	

CERTIFICATE HOLDER	CANCELLATION					
City of Portland	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					
	J Ramsey/JEROM1					

ACORD 25 (2010/05) INS 025 (201005).01

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