

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2017

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 florider in fied of such chaof sement(s).						
PRODUCER	CONTACT NAME: Richard Veccia					
The Rubin Group Inc	PHONE (A/C, No, Ext): (212)791-4300 FAX (A/C, No): (212)791-0456					
111 John Street	E-MAIL ADDRESS: rveccia@therubingroup.com					
Suite 1900	INSURER(S) AFFORDING COVERAGE NAIC #					
New York NY 10038	INSURER A:Philadelphia Indemnity Insurance 18058					
INSURED	INSURER B:					
Crohn's & Colitis Foundation of America Inc	INSURER C:					
733 Third Avenue	INSURER D :					
Suite 510	INSURER E :					
New York NY 10007	INSURER F:					
COVERAGES CEPTIFICATE NUMBER: CT.1612301	0541 PEVISION 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
	х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	rocior nomber	(MINI) DD TTTT	(MIM/DD/1111)	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
	Х	Contractual Liability	х		PHPK1595252	12/31/2016	12/31/2017	MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Employee Benefits	\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
l _A		ANY AUTO						BODILY INJURY (Per person)	\$
^		ALL OWNED SCHEDULED AUTOS			PHPK1595252	12/31/2016	12/31/2017	BODILY INJURY (Per accident)	\$
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Portland is included as an Additional Insured as required by written contract executed prior to loss and subject to policy terms, conditions, and exclusions with regards to the Maine Take Steps for Crohn's & Colitis Walk on Saturday May 20, 2017 at Payson Park, Portland, ME 04103.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 212 Canco Rd. Portland, ME 04103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10101ana, iii 01100	AUTHORIZED REPRESENTATIVE
	Michael Rubin/JEROM1

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