**GREAPOR-13** 

**AKRUG** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2017

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 have ADDITIONAL INSURED provisions or 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).

tl	nis certificate does not confer rights to	the	certi	ificate holder in lieu of su	ich end	lorsement(s)									
PRO	DUCER				CONTA NAME:	ст Angela k	Krug, AAI, A	AINS							
Clark Insurance 2385 Congress Street Portland, ME 04104					PHONE (A/C, No, Ext):  E-MAIL ADDRESS: akrug@clarkinsurance.com										
												•			
					INSURF			rn Insurance Compar	ıv						
INSURED						INSURER B : Acadia									
	Greater Portland Landmarks	Inc			INSURER C: Maine Employers Mutual					31325 11149					
	93 High Street	,			INSURER D:					1					
	Portland, ME 04101				INSURER E :										
					INSURE										
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:							
Т	HIS IS TO CERTIFY THAT THE POLICIE	S O	F INS	SURANCE LISTED BELOW			TO THE INSU	RED NAMED ABOVE FOR T							
	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY														
E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS								
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000					
	CLAIMS-MADE X OCCUR	X		CPA0000707-34		03/06/2017	03/06/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000					
								MED EXP (Any one person)	\$	5,000					
								PERSONAL & ADV INJURY	\$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000					
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000					
	OTHER:								\$						
Α	AUTOMOBILE LIABILITY					03/06/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000						
	ANY AUTO			CPA0000707-34			03/06/2017	BODILY INJURY (Per person)	\$						
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$						
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$						
									\$						
В	X UMBRELLA LIAB X OCCUR	<u> </u>						EACH OCCURRENCE	\$	1,000,000					
	EXCESS LIAB CLAIMS-MADE			CUA0307429-18		03/06/2017	03/06/2018	AGGREGATE	\$	1,000,000					
	DED RETENTION \$								\$						
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	1810018112				09/10/2017	X PER OTH- STATUTE ER							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			1810018112		09/10/2016		E.L. EACH ACCIDENT	\$	500,000					
								E.L. DISEASE - EA EMPLOYEE	\$	500,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000					
DES.	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI 138 Congress Street, Portland, Maine -	LES (A	CORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)							
I\L.	130 Congress Street, Fortiand, Maine	ııay	Day	- Julie 14, 2017											
The	City of Portland is an additional insured	d with	resp	pect to the insured's opera	tions.										
CERTIFICATE HOLDER					CANCELLATION										
						=									
								ESCRIBED POLICIES BE CA IEREOF. NOTICE WILL							
	City of Portland 389 Congress Street				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	JUJ GUNGIESS JUEEL				1										

ACORD 25 (2016/03)

Portland, ME 04101

**AUTHORIZED REPRESENTATIVE** 

**GREAPOR-13** 

**AKRUG** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/28/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf th	SUI	BROGATION IS WAIVED, subjectificate does not confer rights t	ct to o the	the certi	terms and conditions of ficate holder in lieu of su	ch end	lorsement(s)			t. A st	atement on
PRODUCER						CONTACT Angela Krug, AAI, AINS					
Clark Insurance					PHONE			FAX (A/C, No):			
2385 Port	Co land	ongress Street d, ME 04104				(A/C, No, Ext):   (A/C, No):   E-MAIL   ADDRESS: akrug@clarkinsurance.com					
		a, 0 0 .									
						INSURER(S) AFFORDING COVERAGE INSURER A : Continental Western Insurance Company					IVAIO #
INSU	RFD						R B : Acadia	inai Wosic	in modrance compar	-	31325
		Oncoton Bontland London only				INSURE	11149				
		Greater Portland Landmarks 93 High Street	s inc					-inployers	mutuai		11173
		Portland, ME 04101				INSURER D:					
					-	INSURER E:					
CO	/ED	RAGES CER	TIEI	`	NUMBER:	INSURE	жг.		REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICI				JAV/E B	EEN ISSUED			HE DOI	ICV DEDIOD
		ATED. NOTWITHSTANDING ANY F									
		IFICATE MAY BE ISSUED OR MAY								O ALL	THE TERMS,
INSR	CLU	USIONS AND CONDITIONS OF SUCH		SUBR WVD		BEEN F	POLICY EFF	POLICY EXP			
LTR A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	^	CLAIMS-MADE X OCCUR			CD 4 0000707 0.4		02/05/2047	02/05/2040	EACH OCCURRENCE DAMAGE TO RENTED	\$	250,000
		CLAIMS-MADE A OCCUR	X		CPA0000707-34		03/06/2017	03/06/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000
									MED EXP (Any one person)	\$	1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							COMBINED SINGLE LIMIT	\$	1 000 000
Α	AUT	TOMOBILE LIABILITY □						(Ea accident)	\$	1,000,000	
	ANY AUTO				CPA0000707-34	03/06/2017	03/06/2018	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_										\$	4 000 000
В	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE			CUA0307429-18		03/06/2017	03/06/2018	AGGREGATE	\$	1,000,000
		DED RETENTION \$								\$	
С	WOR	RKERS COMPENSATION DEMPLOYERS' LIABILITY							X PER OTH- STATUTE ER		
		'PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N / A	N/A	1810018112		09/10/2016	09/10/2017	E.L. EACH ACCIDENT	\$	500,000
									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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Portland is an additional insured with respect to the insured's operations.

CEF	RTIFICA	ATE HOL	.DER	

City of Portland 389 Congress Street Portland, ME 04101

## CANCELLATION

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** 

