



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/9/2013

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 certificate holder in lieu of such endorsement(s).

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|---|--|
| PRODUCER Cross Insurance-Portland 2331 Congress Street PO Box 567 Portland ME 04112 | CONTACT NAME: Jodi Odlin, ACSR |
| | PHONE (A/C No. Ext.): (207) 780-1677 FAX (A/C No.): (207) 780-6377 |
| | E-MAIL ADDRESS: jodlin@crossagency.com |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Hanover Ins Co. |
| INSURED Italian Heritage Club 40 Westland Avenue Portland ME 04102 | INSURER B: Hanover Ins Group |
| | INSURER C: Maine Employers Mutual Ins Co 11149 |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES CERTIFICATE NUMBER: CL135985001 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 | ADDITIONAL INSURER (WVD) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | ZHP896560602 | 1/1/2013 | 1/1/2014 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOG | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | PRODUCTS - COMPOP AGG \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | UHP896334003 | 1/1/2013 | 1/1/2014 | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory In NH) | Y/N | 1810049120 | 1/1/2013 | 1/1/2014 | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| A | Liquor Liability | | ZHP896560602 | 1/1/2013 | 1/1/2014 | E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | | | | | | Limit 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: ICH Sign at 1448 Congress St.

Certificate Holder is an Additional Insured with respect to Commercial General Liability only. Refer to policy for exclusionary endorsements and special provisions. The Commercial General Liability Policy has a cancellation provision of 30 days, with the exception of cancellation for non-payment which is 10 days. Certificate Holder is an Additional Insured with respect to Commercial General Liability only.

CERTIFICATE HOLDER

CANCELLATION

City of Portland
Dept. of Planning and Urban Development
389 Congree St
Portland, ME 04101

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

Jodi Odlin, ACSR/BX2 *Jodi Odlin*