THESINF-01

SKARAM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2015

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 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).

	ons of the policy, certain policies u of such endorsement(s).	s may require an en	dorsement. A statement on this certificate	does not confer	ights to the		
PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104			CONTACT NAME:				
			PHONE (A/C, No, Ext): (207) 774-6257	774-2994			
			E-MAIL ADDRESS: info@clarkinsurance.com				
			INSURER(S) AFFORDING COVERAG	NAIC #			
			INSURER A: MMG Insurance Company	15997			
Aloha Partners, LLC dba The Sinful Kitchen c/o Dave Mallari 33 Overset Road Portland, ME 04103			INSURER B:				
			INSURER C:				
			INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAGES	CERTIFICATE NUME	BER:	REVISION N	UMBER:			
			AVE BEEN ISSUED TO THE INSURED NAMED A				
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.							
	ITIONS OF SUCH POLICIES. LIMITS				,		
INSR TYPE OF INSL	JRANCE ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS			

INSR LTR	NSR TYPE OF INSURANCE		ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	CP12216134	03/01/2015	03/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO					BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
		DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER OTH- STATUTE ER			
		N/A				E.L. EACH ACCIDENT	\$		
						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)									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is an additional insured at the described location (906 Brighton Avenue, Portland, Maine).

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street 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.
1 ordana, m2 orror	AUTHORIZED REPRESENTATIVE
	Hage Jakher