

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2013

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 fiolaer in fied of 30	CII C	ildoracilicitt(a).					
PRODUCER				CONTACT Tina Arbo			
Cross Insurance-Lewi	stc	on	PHONE (A/C, No, Ext): (207)783-8591		FAX (A/C, No): (207)783-3852		
217 Main Street, 4th	ı Fl	.oor	E-MAIL ADDRESS: tarbo@crossagency.com				
				INSURER(S) AFFO	RDING COVERAGE		NAIC #
Lewiston	ME	04240		INSURER A :Harleysville	Worcester	Inc Co	26182
INSURED				INSURER B:			
VIP, Inc.				INSURER C:			
12 Lexington Street			INSURER D:				
				INSURER E :			
Lewiston	ΜE	04240		INSURER F:			
COVERAGES		CERTIFICATE NUMBER:	Master	2013-14	REVISION NUM	IRED.	

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	ISR TYPE OF INSURANCE		ADDL INSR	SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE \$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED \$ 300,000	
A		CLAIMS-MADE X OCCUR	х		MPA00000034008K	1/1/2013	1/1/2014	MED EXP (Any one person) \$ 15,000	
								PERSONAL & ADV INJURY \$ 1,000,000	
								GENERAL AGGREGATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,000,000	
	х	POLICY PRO- JECT LOC						\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
A	х	ANY AUTO						BODILY INJURY (Per person) \$	
^^		ALL OWNED SCHEDULED AUTOS			BA00000095874D	1/1/2013	1/1/2014	BODILY INJURY (Per accident) \$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
								Medical payments \$ 5,000	
	Х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ 15,000,000	
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 15,000,000	
		DED X RETENTION\$ 0			CMB00000059517E	1/1/2013	1/1/2014	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS 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 \$	
A	A Garagekeepers				MPA00000034008K	1/1/2013	1/1/2014	500 Ded Collision 225,000 Limit	
								500 - 2,500 DED Comprehensive	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Refer to policy for exclusionary endorsements and special provisions.

The certificate holder is additional insured where required by written contract with respects to General Liability Only.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Portland, ME 04101	AUTHORIZED REPRESENTATIVE
	Tina Arbo/TLA Jina L aubo

OANOELL ATION

OFFICIOATE HOLDER