



# CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YY)  
10/6/2014

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).

PRODUCER <b>RON CROSBY</b> 5000 DEARBORN CIRCLE SUITE 200 MT. LAUREL, NJ 08054  000125M141	CONTACT NAME: <b>RANDY HUTCHINS - PRESIDENT</b>
	PHONE A/C. No. Ext: <b>(207) 622-3191</b>
	FAX A/C. No.:
	Email Address:
	INSURERS AFFORDING COVERAGE
	INSURER A: <b>HARCO NATIONAL INSURANCE COMPANY</b>
	NAIC # <b>26433</b>
INSURED <b>HUTCHINS MOTORS INC</b> (SEE NAMED INSURED ENDT) 187 RIVERSIDE DRIVE AUGUSTA ME 04330	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES:**

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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<b>GARAGE LIABILITY</b>			CPP0006354-00	10/1/2014	10/1/2015	AUTO ONLY (EA ACCIDENT)	\$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS <input checked="" type="checkbox"/> ANY AUTO						OTHER THAN AUTO ONLY	EA ACCIDENT \$ 1,000,000 AGGREGATE \$ N/A	
A	<b>GARAGE KEEPERS LIABILITY</b>			CPP0006354-00	10/1/2014	10/1/2015	COMP / OTC	LOC	\$ 300,000
	<input checked="" type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS						SPECIFIED PERILS	LOC	\$
	<b>GENERAL LIABILITY</b>			INCLUDED IN GARAGE			EACH OCCURRENCE	\$	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A	<b>UMBRELLA LIAB</b>			BU-0006354-00	10/1/2014	10/1/2015	EACH OCCURRENCE	\$ 15,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$ N/A	
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below		N/A				E.L. EACH ACCIDENT	\$	
							E.L. DISEASE-POLICY LIMIT	\$	
							E.L. DISEASE-EACH EMPLOYEE	\$	

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

CERTIFICATE HOLDER IS ADDITIONAL INSURED AS RESPECTS WORK PERFORMED BY THE INSURED FOR THE CERTIFICATE HOLDER. GENERAL LIABILITY INCLUDED IN GARAGE.

**CERTIFICATE HOLDER**

CITY OF PORTLAND  
 389 CONGRESS ST.  
 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

*Randy Hutchins*

Policy Number  
CPP0006354 00

SCHEDULE OF NAMED INSURED(S)

Named Insured HUTCHINS MOTORS INC

Effective Date: 10-01-14  
12:01 A.M., Standard Time

Agent Name RON CROSBY

Agent No. 000125M141

THE NAMED INSURED IS AMENDED TO READ:

HUTCHINS MOTORS INC  
HUTCHINS MOTORS INC DBA  
O'CONNOR GMC  
HUTCHINS MOTORS INC DBA  
O'CONNOR MOTOR CO  
HUTCHINS LEASING  
HUTCHINS MOTORS INC DBA  
O'CONNOR BUS SALES  
HUTCHINS IMPORTS INC