



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 RON CROSBY 5000 DEARBORN CIRCLE SUITE 200 MT. LAUREL, NJ 08054 000125M141	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: RANDY HUTCHINS - PRESIDENT</td> </tr> <tr> <td>PHONE A/C, No. Extl: (207) 622-3191</td> <td>FAX A/C, No:</td> </tr> <tr> <td colspan="2">Email Address:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURERS AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: HARCO NATIONAL INSURANCE COMPANY</td> <td style="text-align: right;">NAIC # 26433</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: RANDY HUTCHINS - PRESIDENT		PHONE A/C, No. Extl: (207) 622-3191	FAX A/C, No:	Email Address:		INSURERS AFFORDING COVERAGE		INSURER A: HARCO NATIONAL INSURANCE COMPANY	NAIC # 26433	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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	GARAGE LIABILITY			CPP0006354-00	10/1/2014	10/1/2015	AUTO ONLY (EA ACCIDENT) \$ 1,000,000			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> HIRED AUTOS	OTHER THAN AUTO ONLY				EA ACCIDENT \$ 1,000,000			
	<input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS						AGGREGATE \$ N/A			
	<input checked="" type="checkbox"/> ANY AUTO						\$			
A	GARAGE KEEPERS LIABILITY			CPP0006354-00	10/1/2014	10/1/2015	<input type="checkbox"/> COMP / OTC	<input type="checkbox"/> LOC	\$ 300,000	
	<input checked="" type="checkbox"/> LEGAL LIABILITY		<input type="checkbox"/> SPECIFIED PERILS				<input type="checkbox"/> LOC	\$		
	<input type="checkbox"/> DIRECT BASIS		<input type="checkbox"/> COLLISION				<input type="checkbox"/> LOC	\$ 300,000		
	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> EXCESS	<input type="checkbox"/>				<input type="checkbox"/> LOC	\$		
A	GENERAL LIABILITY			INCLUDED IN GARAGE			<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCUR	EACH OCCURRENCE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				MED. EXPENSE (Any one person) \$			
							PERSONAL & ADV. INJURY \$			
							GENERAL AGGREGATE \$			
							PRODUCTS - COMP/OP AGG. \$			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR		BU-0006354-00	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 15,000,000			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ N/A			
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$								
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N		N/A			<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$		
	If yes, describe under REMARKS below							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

CANCELLATION

CITY OF PORTLAND 389 CONGRESS 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
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