

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2015

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).

certificate ficial in fied of Such endorsement(s).					
PRODUCER	CONTACT NAME: Melissa Cox				
G H M Agency	PHONE (A/C, No, Ext): (207)873-5101 FAX (A/C, No): (207)8	73-5784			
51 Main Street	E-MAIL ADDRESS: melissa@ghmagency.com				
P.O. Box 649	INSURER(S) AFFORDING COVERAGE	NAIC #			
Waterville ME 04903-0649	INSURER A Massachusetts Bay Ins Co	22306			
INSURED	INSURER B Allmerica Financial Benefit	41840			
Bissell Brothers Brewing, LLC	INSURER C Maine Employers Mutual Ins Co	11149			
1 Industrial Way #3	INSURER D:				
	INSURER E :				
Portland ME 04101	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				,	,	EACH OCCURRENCE \$ 1,000,00
A	X COMMERCIAL GENERAL LIABILITY	x		ZDPA059539	6/26/2014	6/26/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$ 5,00
	x LIQUOR LIABILITY						PERSONAL & ADV INJURY \$ 1,000,00
							GENERAL AGGREGATE \$ 2,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,00
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00
В	ANY AUTO						BODILY INJURY (Per person) \$
-	ALL OWNED X SCHEDULED AUTOS			AWPA095202	8/30/2014	8/30/2015	BODILY INJURY (Per accident) \$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist combined \$ 1,000,00
1	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
	DED RETENTION\$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1810104661				E.L. EACH ACCIDENT \$ 100,00
	(Mandatory in NH)			2/5/2015	2/5/2016	E.L. DISEASE - EA EMPLOYEE \$ 100,00	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500,00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Portland is additional insured in regards to general liability for ongoing operations with
contract.

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				
Melissa Cox, AAI/MEL Melissa CoX				

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