

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Homestead Mortgage Loans, Inc
 Address of policyholder 840 Roosevelt Trail Windham, ME 04062
 Location of operations 4 Newton Street, Portland, 04103
 Description of operations Mortgage Broker

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
99-BA-P765-3	Comprehensive Business Liability	12/10/2013	12/10/2014	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations				Each Occurrence \$ 1,000,000
<input type="checkbox"/> Contractual Liability				General Aggregate \$ 2,000,000
<input type="checkbox"/> Personal Injury				Products - Completed Operations Aggregate \$ 2,000,000
<input type="checkbox"/> Advertising Injury				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	(Combined Single Limit)
	<input type="checkbox"/> Other			Each Occurrence \$
				Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability
				Each Accident \$
				Disease - Each Employee \$
				Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
 Additional Insured:
 City of Portland
 389 Congress Street
 Portland ME 04101

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Michelle Raber
 Signature of Authorized Representative
 Agent 05/29/2014
 Title _____ Date
 Michelle Raber
 Agent Name
 Telephone Number 207-883-0111

Agent's Code Stamp
 Agent Code 19-1116
 AFO Code FB52