

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2017

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 have ADDITIONAL INSURED provisions or 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 CONTACT Frank Butterworth											
Riley Insurance Agency, LLC					PHONE (207)729-3321 FAX (207)729-4056 (A/C, No): (207)729-4056						
139 Maine Street					E-MAIL ADDRESS: foutterworth@rileyinsurance.com						
P. O. Box 659					ADDRESS.						
Brunswick ME 04011					INSURER A: MMG Insurance Company					NAIC # 15997	
INSURED										10007	
Pomeroy Realty, LLC					INSURER B :						
156 Barstow Road					INSURER C :						
					INSURER D :						
						INSURER E :					
	Gorham	INSURER F :									
COVERAGES CERTIFICATE NUMBER: CL1771413195 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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<mark>\$</mark> 1,00	0,000	
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50,0	00	
								MED EXP (Any one person)	\$ 5,00	0	
А		Y		CF12783509		05/12/2017	05/12/2018	PERSONAL & ADV INJURY		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		0,000	
	PRO-							PRODUCTS - COMP/OP AGG		0,000	
								Employee Benefits	\$	-,	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)				
The	City of Portland is included as Additional Ins	ureda	as res	pects signage at 117 Auburn	Street P	ortland, Maine	04103				
CERTIFICATE HOLDER CANCELLATION											
UER	TIFICATE HOLDER				CANC	ELLATION					
City of Portland 389 Congress St.					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											
	Portland	ME 04101				FELL BELLE					

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