

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2016

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.

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						CONTACT Tracy Wiles, ACSR					
P&C Insurance						PHONE (207) 283-1486 FAX (A/C, No): (207) 283-4258					
260 Main St. E-MAIL ADDRESS: twiles@insurancepc.com											
P.O. Box 356					INSURER(S) AFFORDING COVERAGE					NAIC #	
Biddeford ME 04005					INSURER A MMG Insurance Company					15997	
INSURED					INSURER B Maine Employers Mutual Ins Co					11149	
BLACKBEAR SIGNWORKS					INSURER C:						
19 INDUSTRIAL PARK RD					INSURER D:						
SACO, ME 04072-1804					INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:2016/2017					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 INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X OCCUR						6/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
ľ				BP12227677		6/15/2016		MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					:		GENERAL AGGREGATE	\$	2,000,000	
ľ	X POŁICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							Add'l Bus Int Bus Owners w/	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
Ī	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$,	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	70.00								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
Ī	DED RETENTIONS								\$		
	NORKERS COMPENSATION							X PER OTH- STATUTE ER			
l.	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		1810105750		6/15/2016	6/15/2017	E.L. DISEASE - EA EMPLOYEE	\$	100,000	
- 1	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
1										1	
			1								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (ACOR	D 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)			
OF DATE (ATE HOLDER						CANCELLATION					
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 Phillip Smith/TRACY						
LITTITA SHITCH/ LEGGT											