JOSHBAN-01

**CBOWDEN** 

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2014

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 PHONE (AIC, No. Ext); (207) 775-3793 E-MAIL ADDRESS: Holden Agency Insurance 1085 Brighton Ave Portland, ME 04102 FAX (A/C, No): (207) 523-2449 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Casualty And Surety Co Of America 31194 INSURER B: The Travelers Indemnity Company INSURED INSURER C: Farmington Casualty 41483 Hella Good Tacos, LLC 16 Brewer St. INSURER D : Portland, ME 04102 INSURER E: INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** 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. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY Α EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 03/01/2014 03/01/2015 CLAIMS-MADE X OCCUR X 6801E360134 5,000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PROJECT PRODUCTS - COMPIOP AGG \$ X POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS HIRED AUTOS \$ 1,000,000 UMBRELLA LIAB EACH OCCURRENCE OCCUR 03/01/2014 03/01/2015 В **EXCESS LIAB** CUP3E294109 **AGGREGATE** CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 500,000 03/01/2014 03/01/2016 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? UB1E365916 E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE \$ OFFICENMENT OF A CONTROL OF THE CONT 500,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) As required for Operations CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland 389 Congress Street Portland, ME 04101 AUTHORIZED REPRESENTATIVE