

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/15/2016

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.

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 floraer in flea of sach endorsement(s).					
PRODUCER	CONTACT Joe Fleming				
Arthur J. Gallagher Risk Management Services, Inc.	PHONE (A/C, No, Ext): 856-482-9900	FAX (A/C, No): 856-48	32-1888		
Gallagher McIntyre 220 Lake Drive East Cherry Hill NJ 08002	E-MAIL ADDRESS: Joe_Fleming@ajg.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: ACE Property & Casualty Insurance	20699			
INSURED	INSURER B: Allied World National Assurance Co	10690			
Empire Telecom USA, LLC 1150 1st Avenue, Suite 600 King of Prussia, PA 19406	INSURER C: Starr Indemnity & Liability Compan	38318			
	INSURER D: Federal Insurance Company	20281			
	INSURER E: Hartford Fire Insurance Company	19682			
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 563346944 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.

	EXCLUSIONS AND CONDITIONS OF SOCIETY CHOICES, EINITS SHOWN WAT HAVE BEEN REDUCED BY FAIR CENTING.							
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
В	Х	COMMERCIAL GENERAL LIABILITY	Υ	0309-9013	11/30/2015	11/30/2016	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	Х	Contractual Liab					MED EXP (Any one person)	\$5,000
	Х	XCU					PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:						\$
B B	AUT	OMOBILE LIABILITY		6000-0185 - CA ONLY	11/30/2015 11/30/2015	11/30/2016 11/30/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
В	Х	ANY AUTO		6000-0186 - ALL OTHER STATES	11/30/2015	11/30/2016	BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS		03099072-1D - MA ONLY			BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							Comp/Collision Ded	\$\$1000/\$2000
Α	Х	UMBRELLA LIAB X OCCUR		XOOG27931339001	11/30/2015	11/30/2016	EACH OCCURRENCE	\$15,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$15,000,000
		DED X RETENTION \$25,000						\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY		100000194500	12/14/2015	11/30/2016	X PER OTH- STATUTE ER	
	AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
D E		ne perty sed/Rented Equipment		8234-7152 13UUMBI6836	12/14/2015 12/14/2015	12/14/2016 11/30/2016	Limit/Deductible BPP Limit/Deductible Limit	\$1MM/\$25,000 \$6,455,000/\$5,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Liability Policy # CEO G27409878 002

Policy Period: 11/30/15 -11/30/2016 Carrier: ACE American Insurance Company Occurrence/Aggregate: \$3MM/\$3MM

Neptune Properties, LLC is named as additional insured with respect to the above General Liability if required by a written contract

executed prior to services performed.

CERTIFICATE HOLDER	CANCELLATION
Neptune Properties, LLC 970 Baxter Boulevard 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.
1 0100000000000000000000000000000000000	AUTHORIZED REPRESENTATIVE
	au In Aly