

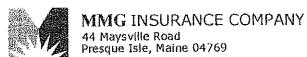
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2017

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 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 R. Christopher Maloney						
Coastal Insurance Group LLC								(A/C, No, Ext): (207) 874-4069							
558 Brighton Avenue									E-MAIL ADDRESS, Chrism@SevigneyGroup.com						
Portland ME 04102									INSURER(S) AFFORDING COVERAGE					NAIC#	
INSURED									INSURER A MMG Insurance Company					15997	
TOMAKS LLC								INSURER B. Great Falls Insurance							
C/O TOM MANNING									INSURER C:						
49 EASTMAN RD									INSURER D :						
CAPE ELIZABETH ME 04107~9668								INSURER E:							
harman and the second									INSURER F:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROVE FOR THE														LIGH PERIOR	
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.														WHICH THIS	
INSR TYPE OF INSURANCE					ADE	ADDLISUBR INSD WVD POLICY NUMBER				POLICY EXP (MM/DD/YYYY)	LIMITS				
	X COMMERCIAL GENERAL LIABILITY			1113	الاللا	The state of the s		Paradia Processing	10000000011111	EACH OCCURRENCE			1,000,000		
A		CLAIMS-MADE X OCCUR									DAMAGE TO RENTEI PREMISES (En occum	D rence) \$		1,000,000	
					x		BP10617783		10/15/2016	10/15/2017	MED EXP (Any one pe	- 1		5,000	
								. /-		PERSONAL & ADV IN			1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					ĺ					GENERAL AGGREGA			2,000,000	
	x	X POLICY PRO-			Ĭ						PRODUCTS - COMP/			2,000,000	
		OTHER:			ļ	1					ASBBX	s			
A	AUTOMOBILE LIABILITY							***************************************			COMBINED SINGLE I (En accident)	LIMIT \$		1,000,000	
		ANY AUTO									BODILY INJURY (Per				
		ALL OWNED AUTOS	. ~~ (.	SCHEDULED AUTOS	x	1	KA10617783		10/15/2016	10/15/2017	BODILY INJURY (Per				
	х	HIRED AUTOS	wi	NON-OWNED AUTOS			1				PROPERTY DAMAGE (Per accident)				
							1				Multi policy credit	- s			
	x	X UMBRELLA LIAB OCCUR									EACH OCCURRENCE	E S	,	1,000,000	
A]	EXCESS LIAB CLAIMS-MADE		OE					AGGREGATE		8				
	DED X RETENTIONS 10,000			00 X		KU10617783		10/15/2016	10/15/2017		5				
		Kers Compensa Employers' Liae			,,						PER STATUTE	OTH- ER			
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									E.L. EACH ACCIDENT			500,000	
- ₽-	{Man						WCD0826090015		9/8/2016	9/8/2017	E.L. DISEASE - EA EN	MPLOYEE \$		500,000	
	pes	f yes, describe under DESCRIPTION OF OPERATIONS below				<u> </u>				<u></u>	E.L. DISEASE - POLIC	CY LIMIT S		500,000	
ļ															
														1	
						<u> </u>	<u> </u>					·········			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															
														1	
														1	
]	
														Ì	
			·····												
CER	TIF	ICATE HOLDI	ER_	····				CANCELLATION							
										Nie india-	**************************************				
	,	litur of Pr	ንታተ	land				SHO THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
City of Portland 380 Congress Street									ACCORDANCE WITH THE POLICY PROVISIONS.						
Portland, ME 04101															
								AUTHORIZED REPRESENTATIVE							
									Description (Description						
									Deandra King/DGUIDI						



SPECIAL BUSINESS OWNERS POLICY

DECLARATIONS Direct Bill

Policy Type RENEWAL

Policy No. BP10617783 Policy Period (ANNUAL)

10/15/2016 To 10/15/2017 12:01 A.M. Eastern Standard Time

Form of Business: Corporation

Named Insured

TOMAKS LLC C/O TOM MANNING 49 EASTMAN RD

CAPE ELIZABETH ME 04107-9668

Agent 086 18 207-797-4900 COASTAL INSURANCE GROUP

558 BRIGHTON AVE PORTLAND ME 04102

SCHEDULE OF ENDORSEMENT ADDITIONAL INFORMATION

BP0448 (07-13) Additional Insured-Designated Person Or Organization Name of Person or Organization: CITY OF PORTLAND 380 CONGRESS ST PORTLAND, ME 04101

PRODUCED ON: 9/01/2016

ORIGINAL COPY

Page 4 of 6