Client#: 1036919 UNITEWAY25

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/10/2014

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(les) 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 USI Insurance Services LLC-CL					NAME: PHONE (AIC, No, Ext): 800 723-2877 (AIC, No, Ext): 603-625-1100					
PO Box 406 Portland, ME 04112-0406					E-MAIL ADDRESS:					
					INSURER(8) AFFORDING COVERAGE				NAIC#	
					INSURER A: Philadelphia Indemnity Insuranc				18058	
INSURED					INSURER B :					
United Way Inc. dba United Way of					INSURER C:					
Greater Portland; PO Box 15200					INSURER D :					
Portland, ME 04112					INSURER E :					
				INSUR						
COVERAGES CERTIFICATE NUMBER:					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.								CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL'S INSR_I	WYD.	POLICY NUMBER	POLICY EFF (MM/DB/YYYY)	(MM/DD/YYYY)	LIMITS	3		
Α	GENERAL LIABILITY			PHPK1117736	01/01/2014	01/01/2015	EACH OCCURRENCE			
	X COMMERCIAL GENERAL LIABILITY						PREMISES (E8 OCCUTENCE)	s100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s5,000)	
							PERSONAL & ADV INJURY	s1,000,000		
		1					GENERAL AGGREGATE	s2,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:	1					PRODUCTS - COMP/OP AGG	s2,000		
	POLICY PRO- JECT LOC		j					\$	-	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
							1 0 10 10 10 10 10 10 10 10 10 10 10 10	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE				}		AGGREGATE	s		
	DED RETENTIONS		ļ					s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A			ĺ	E.L. EACH ACCIDENT	s			
	(Mandatory in NH)				1		E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
		ı	İ							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The General Liability policy includes a blanket automatic Additional Insured endorsement that provides Additional Insured status to the City of Portland, only when there is a written contract between the named insured and the certificate holder that requires such status.										
CEF	TIFICATE HOLDER		CANC	NCELLATION						
<u>ver</u>	IIFIGATE HOLDER			CANC	ELLAHUN					
City of Portland 389 Congress Street 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.					
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