HBARRINGTON



CERTIFICATE OF LIABILITY INSURANCE

3/7/2017

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of PRODUCER Norton Insurance Agency 275 US Route 1										
					CONTACT NAME: PHONE					
					PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350					
Cun	nberland Foreside, ME 04110			E-MAIL ADDRE						
					INSURER(S) AFFORDING COVERAGE				NAIC#	
Konbit Sante Cap-Haitien Health Partnership 362 US Route 1 Falmouth, ME 04105 COVERAGES CERTIFICATE NUMBER:					INSURER A : Philadelphia Insurance Companies					
					INSURER B:					
					INSURER C: INSURER D:					
					INSURER E :					
					INSURER F:					
					REVISION NUMBER:					
TH IN CI EX	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	ES OF I REQUIRE PERTA POLICIE	NSURANCE LISTED BEL MENT, TERM OR COND IN, THE INSURANCE AF S. LIMITS SHOWN MAY H	ITION OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE EED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL SU	POLICY NUMBER	ER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	х	EV12684			05/14/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
							MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					BODILY INJURY (Per person)	S		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	s		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	20 20 20 20 20 20 20 20 20 20 20 20 20 2					PROPERTY DAMAGE (Per accident)	s	-	
								s		
	UMBRELLA LIAB OCCUR	1					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	DRD 101, Additional Remarks So	chedule, may h	pe attached if mo	re space is requi	red)			
Ever	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ht: 8th Annual Maine Walks With Haiti,	5/13/201	167 Portland, ME. The Ci	ity of Portla	nd ME is incl	uded as an a	dditioinal insured.			
Polic	cy is paid in full									
CERTIFICATE HOLDER					CANCELLATION					
City of Portland, Public Assembly Facilities Division 212 Canco Road Portland, ME 04103					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	,			AUTHO	AUTHORIZED REPRESENTATIVE					
					John of two					