

MLEDOUX

CERTLLC-01

ACORD			RLI	DATE (MM/DD/YYYY)						
CERTIFICATE OF LIABILITY INSURANCE         Date (MM//DD/TTT)           6/3/2024   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).										
PRODUCER Clark Insurance					CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 (A/C, No): (207) 774-2994					
1945 Congress Street, Bldg A PO Box 3543 Portland, ME 04104-3543					E-MAIL ADDRESS: info@clarkinsurance.com					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
									20303	
INSU	RED				INSURER B : Federal Insurance Company				20281	
	Emburse, Inc.				INSURER C : Chubb Indemnity Insurance Co				12777	
	320 Cumberland Ave Portland, ME 04101				INSURER D : Allied World Assurance Company, Inc.				40700	
					INSURER E : Princeton Excess & Surplus Lines Insurance Company INSURER F :				10786	
CO	/ERAGES CEF	TIFI	CATI	E NUMBER:			<b>REVISION NUMBER:</b>			
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.										
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS		
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			3606-83-03 NEU	5/12/2024	5/12/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AG		2,000,000	
В	OTHER:	+					COMBINED SINGLE LIMIT	\$	1,000,000	
				70004050	5/40/0004	5/40/0005	(Ea accident)	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			73621656	5/12/2024	5/12/2025	BODILY INJURY (Per person			
	AUTOS ONLY     AUTOS       X     HIRED AUTOS ONLY     X       AUTOS ONLY     X						BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)	nt) \$ \$		
_		<u> </u>						\$	E 000 000	
В	X UMBRELLA LIAB X OCCUR			70400005	5/40/0004	5/40/0005	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	_		78192825	5/12/2024	5/12/2025	AGGREGATE	\$	5,000,000	
С	DED X RETENTION \$ 0	1					X PER OTH STATUTE ER	-		
	AND EMPLOYERS' LIABILITY			71834540	5/12/2024	5/12/2025	STATUTE   ER     E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	N / A						Ť	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOY E.L. DISEASE - POLICY LIM		1,000,000	
D	Cyber / E&O			0313-3836	5/12/2024	5/12/2025	Limit of Liability	IT \$	5,000,000	
E	Cyber / E&O			CELXCYB2400087-00	5/12/2024	5/12/2025	Limit of Liability		5,000,000	
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DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	) 101, Additional Remarks Schedule,	may be attached if mor	re space is requi	red)			
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CERTIFICATE HOLDER	CANCELLATION					
For Informational Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE					

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