

MLEDOUX



ACORD'

8/27/2024

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).

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PRODUCER Clark Insurance, a Marsh & McLennan Agency, LLC company	CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207)	774-2994			
945 Congress Street, Bldg A PO Box 3543	E-MAIL ADDRESS: info@clarkinsurance.com				
Portland, ME 04104-3543	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Great Northern Insurance Co				
NSURED	INSURER B: Federal Insurance Company				
Emburse, Inc.	INSURER C : Chubb Indemnity Insurance Co				
1701 North Market St, Ste 330	INSURER D : Allied World Assurance Company, Inc.				
Dallas, TX 75202	INSURER E : Princeton Excess & Surplus Lines Insurance Company				
	INSURER F:				
	moonen.				

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				······	, <u>,</u>	EACH OCCURRENCE	\$ 1,0	000,000
		CLAIMS-MADE X OCCUR		3606-83-03 NEU	5/12/2024	5/12/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,0	000,000	
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$,	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	φ ,	000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,0	000,000
		OTHER:							\$	
В	AU1	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,0	000,000
		ANY AUTO			73621656	5/12/2024	5/12/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,0	000,000
		EXCESS LIAB CLAIMS-MADE			78192825	5/12/2024	5/12/2025	AGGREGATE	\$ 5,0	000,000
		DED X RETENTION \$ 0							\$	
С	WOF	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N / A		71834540	5/12/2024	5/12/2025	E.L. EACH ACCIDENT	\$,	000,000
			117.7					E.L. DISEASE - EA EMPLOYEE	\$ 1,0	000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$,	000,000
D	Cyk	per / E&O			0313-3836	5/12/2024	5/12/2025	Limit of Liability	5,0	000,000
E	Cyk	per / E&O			CELXCYB2400087-00	5/12/2024	5/12/2025	Limit of Liability	5,0	000,000

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

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
	Of Reg