

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2015

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).

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PRODUCER		CONTACT Patricia Blais					
Financial Insura	ance Services Inc	PHONE (A/C, No, Ext): (603)432-6414 FAX (A/C, No): (60	03)432-3852				
PO Box 950		E-MAIL ADDRESS: pblais@fisins.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
Derry	ин 03038	INSURER A Merchants Insurance Co					
INSURED		INSURER B :MMIC	23329				
New England Sign	ns & Awnings, LLC	INSURER C:					
315 Derry Road T	J - 3	INSURER D:					
		INSURER E :					
Hudson	NH 03051	INSURER F:					
ACCUEDAGES DESCRIPTION OF A STATE NUMBER OF A STATE OF THE STATE OF TH							

COVERAGES CERTIFICATE NUMBER:CL14103105520

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.

NSR TR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR				CMP9148969	11/29/2014	11/29/2015	PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
х	POLICY PRO- JECT	LOC							\$	
AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
							BODILY INJURY (Per person)	\$		
					CAPI044509	11/29/2014	11/29/2015	` ,	\$	
v								PROPERTY DAMAGE (Per accident)	\$	
								Broad Form Endorsement	\$	
Х	UMBRELLA LIAB X	OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	
	DED X RETENTION	\$ 10,000			CUP9145047	11/29/2014	11/29/2015		\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							WC STATU- OTH- TORY LIMITS ER			
		N / A		WCAI030469	10/19/2014	10/19/2015	E.L. EACH ACCIDENT	\$	500,000	
		N/ A					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
	X GEN X AUT X WOOI ANC ANY OFF	GENERAL LIABILITY X COMMERCIAL GENERAL CLAIMS-MADE X GEN'L AGGREGATE LIMIT AP X POLICY PRO- JECT AUTOMOBILE LIABILITY ANY AUTO ALL OWNED X AUTOS X HIRED AUTOS X X UMBRELLA LIAB EXCESS LIAB DED X RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/R OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DDD/YYYY) GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS X HIRED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 CUP9145047 N/A WCAI030469 10/19/2014	TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DDD/YYYY) (MM/DDD/YYYY) GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PRO- PRO- AUTON ALL OWNED AUTOS ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 CUP9145047 POLICY NUMBER (MM/DDD/YYYY) (MM/DDD/YYYY) CMP9148969 11/29/2014 11/29/2015 11/29/2014 11/29/2015 CAPI044509 11/29/2014 11/29/2015 CUP9145047 11/29/2014 11/29/2015 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERE/EXECUTIVE (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSR WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	TYPE OF INSURANCE INSIGNATION GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL LIABILITY GENERAL LIABILITY CLAIMS-MADE X OCCUR GENERAL LIABILITY GENERAL LIABILITY LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X NON-OWNED AUTOS X NON-OWNED AUTOS X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000 WORKERS COMPENSATION N/A NYAN POPORIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under WCA1030469 WCA1030469 T1/29/2014 T1/29/2014 T1/29/2014 T1/29/2014 T1/29/2015 EACH OCCURRENCE SDAMAGE TO RENTED PREMSES (Ea occurrence) \$ MED EXP (ANY OCCUR PREMSE) \$ MED EXP (ANY OR PREMSE) \$ MED E

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

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Portland, ME	AUTHORIZED REPRESENTATIVE
	Sam Fragala/DEBRA Samuel Fr Fragala