G 4 SIGN Application

Client#: 122011

PHILSIG

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/28/2016

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).

PRODUCER	CONTACT Mary Ann Masullo				
Huntington Insurance, Inc.	PHONE (A/C, No, Ext): 412-667-6544 FAX (A/C, No): 877-489-9126				
310 Grant Street, 2nd floor Pittsburgh, PA 15219 888 576-7900	E-MAIL ADDRESS: maryann.masullo@huntington.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Phoenix Insurance Co	25623			
Philadelphia Sign Company	INSURER B: Travelers Property Casualty Co	25674			
	INSURER C: Travelers Indemnity Co	25658			
707 W Spring Garden St	INSURER D:				
Palmyra, NJ 08065	INSURER E:				
	INSURER F:				
	DEVICION WILLDED				

ramiyra, No 00005			INSURER E:		Desired Control of the Control of th	
			INSURER F:			
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T	T, TERM OR CONDITION OF	ANY CONTRACT OF BY THE POLICIES	OTHER DOOD	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	INGIC WYD	6604B139679PHX15			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
CLAIMS-MADE A OCCUR					MED EXP (Any one person)	\$5,000
		· · · · · · · · · · · · · · · · · · ·			PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
POLICY X PRO- DOTHER:					PRODUCTS - COMP/OP AGG	\$2,000,000 \$
AUTOMOBILE LIABILITY		8103203R453IND15	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000,000 \$
X ANY AUTO ALL OWNED SCHEDULED				-	BODILY INJURY (Per accident)	\$
X HIRED ALITOS X NON-OWNED					PROPERTY DAMAGE	\$
X HIRED AUTOS X AUTOS					(Per accident)	\$
X UMBRELLA LIAB X OCCUR		CUP4B139679TIL15	12/31/2015	12/31/2016	EACH OCCURRENCE	\$20,000,000
EXCESS LIAB CLAIMS-MADE		001 4010301311210	1270172010	12/01/2010	AGGREGATE	\$20,000,000
DED X RETENTION \$0						\$
WORKERS COMPENSATION		UB8F06090	06/01/2015	06/01/2016	X PER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		- MANAGES A PRE-DOCT SATERINE 25000 NE ROMEN		E.L. EACH ACCIDENT	\$1,000,000	
(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
if yes, describe under DESCRIPTION OF OPERATIONS below			-= 9		E.L. DISEASE - POLICY LIMIT	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE OF PORTLAND IS Additional Insured						
CERTIFICATE HOLDER			CANCELLATION			
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.				
		AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE				