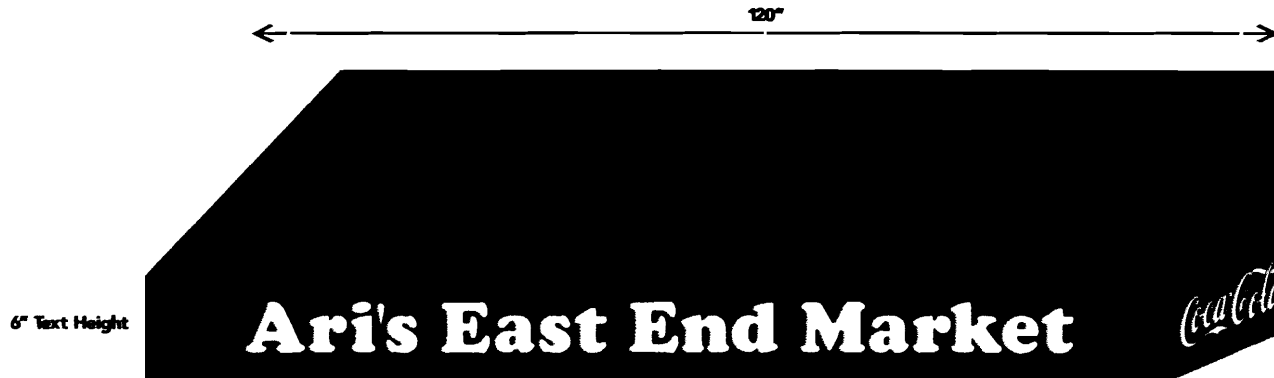
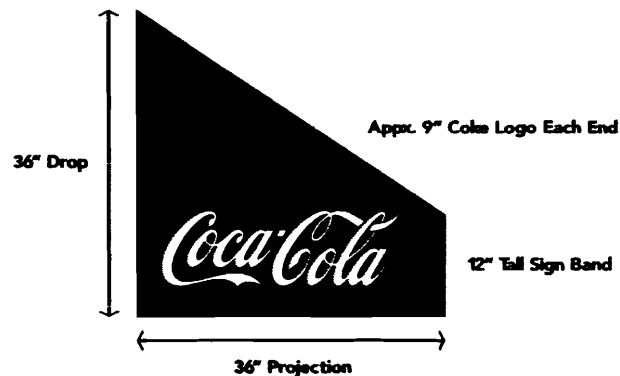


This Design Is The Property Of **Sign Design Inc.**

306 Warren Ave. Portland, ME
Phone: 207.856.2600 Fax: 207.856.7600
signdesi@maine.rr.com



Non Illuminated Awning, Ref. Cooley 2020 Burgundy, W/ 4250 White Vinyl Graphics



This proof may reflect color shifts due to the color conversion from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability.

Customer supplied artwork files (300 dpi required) will be used as is, and Sign Design Inc. is not responsible for any faults in the design.

Any black outlines appearing on this proof are for representation only. They are to distinguish sign components such as borders, retainers, faces and reveals. Unless otherwise specified, they are not considered as part of the sign graphics.

Sign Design Inc. is not responsible for errors occurring due to improper review of this submitted proof.

Client: Ari's market rev. 1

File: aris comp. 3

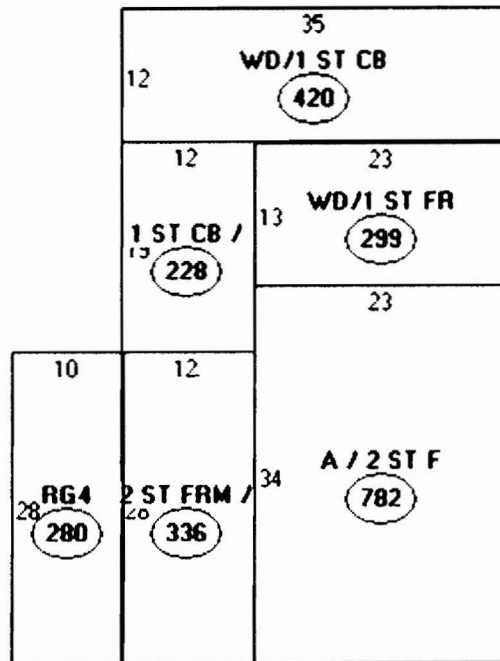
Date: 3.6.09

Approval: DMO 3/6/09

Customer approval is a signed confirmation that dimensions, colors, spelling, graphics and all other job specifics are correct.



← 35' →



35

Descriptor

- A A / 2 ST F
782 sqft
- B 2 ST FRM
336 sqft
- C RG4
280 sqft
- D 1 ST CB /
228 sqft
- E WD/1 ST
299 sqft
- F WD/1 ST
420 sqft

54
11:17



Sign Contractors

P.O. Box 207
Westbrook, ME 04098
(207) 856-2800 * FAX (207) 856-7600
1-800-949-8337
signdesig@meinc.com
A Full Service Sign Company

RE: Awning installation

To Whom It May Concern:

As the owner (or owner representative) of the property located at:

120 Washington Ave.

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

Phil Bruken
Signature

3-16-09
Date

G. Philip Brokas
Print Name

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CB
BROKO-1

DATE (MM/DD/YYYY)
03/11/09

PRODUCER
Noyes Hall & Allen Insurance
www.noyeshallallen.com
170 Ocean Street, PO Box 2403
South Portland ME 04116-2403
Phone: 207-799-5541 Fax: 207-767-7590

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURED

Brokos Enterprises LLC
Ari's East End Market Inc.
2 Otter Drive
Windham ME 04062

| INSURERS AFFORDING COVERAGE | | NAIC # |
|-----------------------------|---------------|--------|
| INSURER A | MMG Insurance | 15997 |
| INSURER B | | |
| INSURER C | | |
| INSURER D | | |
| INSURER E | | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'LTR | INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------------|------|--|---------------|----------------------------------|-----------------------------------|---|
| A | X | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC | BP 0434795 | 03/03/09 | 03/03/10 | EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGO \$ 2000000 |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> DIF. P.R. E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ F.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | BUILDING 536730 PROPERTY 175000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Portland is hereby added as additional insured with respects to an awning located at 122 Washington Avenue, Portland, Maine.

CERTIFICATE HOLDER

CITY OF P

City of Portland
Donna Katsiaticas
389 Congress Street
Portland ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE
Chief Beekun