

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 02-0237	<b>PERMIT ISSUED</b>	Issue Date: 4/2002	CBL: 021 F006001
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<b>Location of Construction:</b> 251 Congress St	<b>Owner Name:</b> Portland Architectural	<b>Owner Address:</b> ADR 4 2002 919 Congress St	<b>Phone:</b>
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Scarboro Signs	<b>Contractor Address:</b> F PORTLAND Rt. 1 Scarborough	<b>Phone:</b> 2078836796
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Signs - Permanent	<b>Zone:</b> B2b

<b>Past Use:</b> Commercial / Retail; Second Hand Store	<b>Proposed Use:</b> Commercial / Retail; Erect 20" x 24" oval attached store front sign.	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 1
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<b>Proposed Project Description:</b> Erect 20" x 24" Oval Sign	<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	<b>INSPECTION:</b> Use Group: Sign Type: BOCA 1999 Signature: <i>[Signature]</i>
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<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 03/15/2002	<b>Zoning Approval</b>	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/25/02</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED

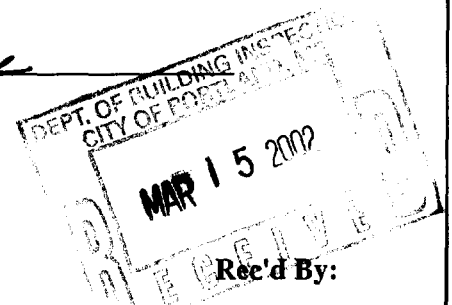
# SIGNAGE APPLICATION

THIS IS NOT A PERMIT  
CONSTRUCTION CANNOT NOT COMMENCE UNTIL THE PERMIT IS ISSUED

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>251 Congress St. Portland, ME 04108</u>		
Total Square Footage of Proposed Structure <u>20" x 24" Signage Bldg</u>	Square Footage of Lot <u>1100 sq ft. / Store Front</u>	<u>1/3 rd Tax # / 21-F-6 4264 Sq Ft. 3</u>
Tax Assessor's Chart, Block & Lot Number Chart# <u>21</u> Block# <u>F</u> Lot# <u>6</u>	Owner: <u>ALICE DUNN</u>	Telephone #: <u>780-0634</u>
Lessee/Buyer's Name (If Applicable) <u>current lease second hand/retail</u>	Owner's/Purchaser/Lessee Address:	Total s.f. of signs <u>20x24 5</u> <u>.20 \$ 6</u> , plus \$30.00 TOTAL\$ <u>36-</u>
Current use: <u>Office space</u>	Proposed use: <u>Second hand store</u> <u>Same + office</u>	<u>discussed e</u> <u>Marge Schmuckal</u>
Project description: <u>Attached Sign</u>		
Applicants Name, Address & Telephone: <u>BETHANY LAWRENCE &amp; JOHN ARNO</u>		
Contractor's Name, Address & Telephone: <u>Seaborn Signs</u>		
Who shall we contact when the permit is ready: <u>Bethany Lawrence</u> Telephone: <u>771-0991</u>		
If you would like it mailed, what mailing address should we use:		



**SIGNAGE PRE-APPLICATION**

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 251 Congress St ZONE: B2b

OWNER: Alice Dunn

APPLICANT: \_\_\_\_\_

ASSESSOR NO. 2-F-6 Account # 3166

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT?  YES NO MULTI-TENANT LOT? YES NO  
FREESTANDING SIGN? (ex. Pole Sign) YES  NO --- DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
MORE THAN ONE SIGN? YES  NO DIMENSIONS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
SIGN ATTACHED TO BLDG.?  YES NO DIMENSIONS 20" x 24" = 480# 144#  
MORE THAN ONE SIGN? YES  NO DIMENSIONS \_\_\_\_\_  
AWNING: YES  NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK 3.33#  
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

\*\*\* TENANT BLDG. FRONTAGE (IN FEET): 18ft · 18 x 1.5 = 27#  
\*\*\* REQUIRED INFORMATION

AREA FOR COMPUTATION

**YOU SHALL PROVIDE:**  
**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: [Signature] DATE: 1/8/02  
3/8/02

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

If the property is located in a HISTORIC DISTRICT, a separate sketch is required indicating the design, dimensions, construction materials and source of illumination if any. A photograph of the building façade should be submitted, showing where each sign is to be installed.

**Certification**

*I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.*

Signature of applicant: 	Date: 01/08/02
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**Sign Permit Fee: \$30.00 plus \$0.20 per square foot.**

***A building permit is also required for any awning based on cost of work-\$30.00 for the first \$1,000.00 and \$6.00 for each additional \$1,000.00***

**BY FILLING OUT THIS APPLICATION IS DOES NOT MEET THAT YOU WILL BE APPROVED FOR THE AMOUNT OF SIGNAGE YOU ARE APPLYING FOR**

**IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE**

**THIS IS NOT A PERMIT/CONSTRUCTION MAY NOT COMMENCE UNTIL THE PERMIT IS ISSUED**

**Please check off the following indicating that you have included the below items to expedite the process of this sign application:**

400,000

- "Certification of Liability" listing the City additionally insured if any portion of the sign abuts or encroaches on the public right of way, or can fall into the public right of way
- Letter of permission from the owner *Owner agreeable - Alice Dunn - # 780-0634*

**A sketch plan indicating the following:**

- Drawing of the property showing all dimensions of the lot
- Location of all buildings and property setbacks from all buildings
- Driveways and abutting streets showing street frontage and any right of ways
- Indicate on drawing the dimensions of all buildings on the lot
- Define in footage the frontage of your business front
- Indicate on drawing of existing signage and dimensions of each sign
- Indicate on drawing all proposed signage and dimension of each sign
- Sign area height and setback of each existing and proposed freestanding sign
- N/A* Certification of flammability required for awning/canopy at time of application
- UL # required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.

The Provisions of Section 3102.0 of the City's Building Code "The BOCA National Building Code 1999 edition" shall govern the construction, alteration, repair and maintenance of outdoor signs together with the associated appurtenant and auxiliary devices in respect to structural and fire safety. In accordance to section 3102.4.4 of BOCA construction documents and owners consent is all follows; "Before any permit is issued for the erection of a sign, Construction Documents shall be filed with the code official showing the dimensions, materials and required details of construction, including loads, stresses and anchorage. The applications shall be accompanied by the written contract of the owner or lessees of the premises upon which the sign is to erected. NO PERMIT CAN OR WILL BE ISSUED UNLESS THIS INFORMATION IS SBUMMITTED AND APPROVED BY THE INSPECTIONS OFFICE.

**ELECTRICAL SIGNAGE PERMITS/RESPONSIBILITIES**

All sign companies or any persons engaged in the installation, interchange or maintenance of signage in the City of Portland must have the Electrician or Electrical Contractor who provided power to the sign(s) or associated equipment apply for an electrical permit in the Inspections Office.

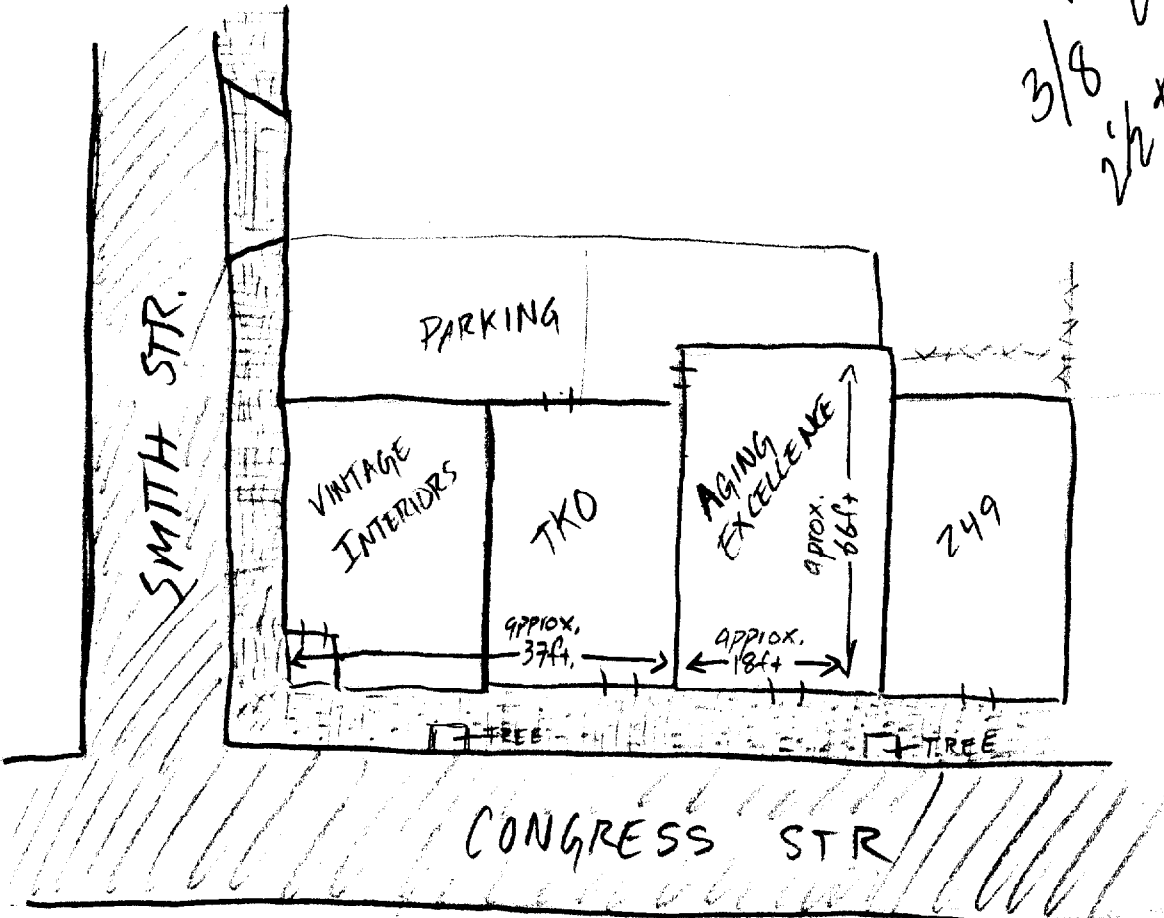
It is the responsibility of your company to contact your sub-contractor or he owner to inform them of this policy. Whether your company does the final connections, which requires a valid Maine Electricians License or your sub contractor provides this service; permits and inspections shall be required.

Failure to comply with this procedure may result in the denial of sign permits by this office for your company or its representation to install or interchange any future signage in the City of Portland.



HANGING  
 OVAL SIGN  
 SEE PHOTO COPY

$\frac{3}{8}$ " lags  
 $2\frac{1}{2}$ " to  $3\frac{1}{2}$ "  
 2 in bracket  
 and 1 in cable



I took  
Colored one home

1-20x24"  
two-sided  
oval  
d/malte  
w/  
30"  
colonia  
bracket

Arno's

Black  
with  
Red  
Trim

gold  
leaf  
letters

Stella Plan

# ACORD COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE  
10-19-01

PHONE (A/C, No, Ext): (207)829-6393  
 FAX (207)829-0933  
 Insurance Agency  
 Box 318  
 Cumberland, ME 04021-0318

CARRIER: Swett Insurance Managers  
 NAIC CODE:  
 UNDERWRITER:  
 POLICIES OR PROGRAM REQUESTED: Business Package  
 INDICATE SECTIONS ATTACHED:  
 PROPERTY  
 GLASS AND SIGN  
 ACCOUNTS RECEIVABLE/  
 VALUABLE PAPERS   
 CRIME/MISCELLANEOUS CRIME  
 TRANSPORTATION/  
 MOTOR TRUCK CARGO  
 EQUIPMENT FLOATER  
 INSTALLATION/BUILDERS RISK  
 ELECTRONIC DATA PROC  
 COMMERCIAL  
 GENERAL LIABILITY  
 BUSINESS AUTO  
 TRUCKERS/MOTOR CARRIER  
 GARAGE AND DEALERS  
 VEHICLE SCHEDULE  
 BOILER & MACHINERY  
 WORKERS COMPENSATION  
 UMBRELLA

CODE: AV3500 SUB CODE:  
 AGENCY CUSTOMER ID  
 00001340

STATUS OF SUBMISSION: QUOTE  ISSUE POLICY  
 X BOUND (Give Date and/or Attach Copy):  
 DATE: 11/10/1999 TIME: 12:01 AM  PM  
 PACKAGE POLICY INFORMATION: ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.  
 PROPOSED EFF DATE: 11/01/2001 PROPOSED EXP DATE: 11/01/2002 BILLING PLAN: DIRECT BILL  AGENCY BILL  
 PAYMENT PLAN: Annual AUDIT

APPLICANT INFORMATION: NAME (First Named Insured & Other Named Insureds): Aging Excellence Inc.  
 FEIN OR SOC SEC # (of First Named Insured): 006-62-1213  
 PHONE (A/C, No, Ext): 771-0991  
 MAILING ADDRESS INCL ZIP+4 (of First Named Insured): Cumberland  
 P.O. Box 8660  
 Portland, ME 04104

INDIVIDUAL  CORPORATION  SUBCHAPTER "S" CORPORATION LIMITED CORPORATION  
 PARTNERSHIP  JOINT VENTURE   
 NOT FOR PROFIT ORG  CR BUREAU ID NUMBER  
 YEAR BUS STARTED: 1998  
 INSPECTION CONTACT: Beth Lawrence PHONE (A/C, No, Ext): 771-0991  
 ACCOUNTING RECORDS CONTACT: PHONE (A/C, No, Ext):

PREMISES INFORMATION: LOC # 0001 BLD # 00001 STREET, CITY, COUNTY, STATE, ZIP+4: 251 Congress Street, Cumberland, ME 04104, Portland  
 CITY LIMITS:  INSIDE  OUTSIDE INTEREST:  OWNER  TENANT  
 YR BUILT: 900 sf PART OCCUPIED: Office, - senior service

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S): Services for the 50 + population - organizing trips and transport, housekeeping, cooking, yard work, etc.  
 NO MEDICAL TREATMENT

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES  
 1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES? YES  NO   
 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? YES  NO   
 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? YES  NO   
 1. ANY CATASTROPHE EXPOSURE? YES  NO   
 3. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? YES  NO   
 3. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO YES  NO   
 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? YES  NO   
 8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (in RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). YES  NO   
 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? YES  NO   
 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? YES  NO   
 REMARKS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE: [Signature]  
 PRODUCER'S SIGNATURE:



# COMMERCIAL GENERAL LIABILITY SECTION

DATE

Phone No. (207)829-6393  
 Fax (207)829-0933  
 Insurance Agency  
 318  
 Land, ME 04021-0318  
 Code AV3500  
 Agency Customer ID: 00001340  
 SUB CODE:

APPLICANT (First Named Insured) Aging Excellence Inc.  
 EFFECTIVE DATE 11/01/2001 EXPIRATION DATE 11/01/2002  
 DIRECT BILL  AGENCY BILL  
 PAYMENT PLAN AUDIT  
 FOR COMPANY USE ONLY

**COVERAGES**

**LIMITS**

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	GENERAL AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS	<input checked="" type="checkbox"/>
	OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS	<input checked="" type="checkbox"/>
		PERSONAL & ADVERTISING INJURY	\$ 1,000,000	OTHER	<input type="checkbox"/>
		EACH OCCURRENCE	\$ 1,000,000	TOTAL	
<b>DUCTIBLES</b>		FIRE DAMAGE (Any one fire)	\$ 1,000,000		
PROPERTY DAMAGE	\$	MEDICAL EXPENSE (Any one person)	\$ 10,000		
BODILY INJURY	\$	EMPLOYEE BENEFITS	\$		
	\$				

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

**SCHEDULE OF HAZARDS**

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREMOPS	PRODUCTS	PREMOPS	PRODUCTS
0001	Senior Services		S) 60,000					
			P) 40,000					

RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
 GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

**EMPLOYEE BENEFITS LIABILITY**

PROPOSED RETROACTIVE DATE: ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? MARKS	YES NO 1. DEDUCTIBLE PER CLAIM: \$ 2. NUMBER OF EMPLOYEES: 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 4. RETROACTIVE DATE: REMARKS
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
02/19/2002

PRODUCER (207)872-5571 FAX (207)861-5419  
Boothby & Bartlett Company  
185 Main Street  
Waterville, ME 04901

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.

### INSURERS AFFORDING COVERAGE

INSURED Jo Ann Arno  
DBA: Arno's Antiques  
6 Ursula Street  
Waterville, ME 04901

INSURER A: MAINE MUTUAL FIRE INS. CO.  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TBD	02/19/2002	02/19/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTHER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

### CERTIFICATE HOLDER

### ADDITIONAL INSURED; INSURER LETTER

### CANCELLATION

~~City of Portland~~  
Attn: Business Licenses Dept.  
389 Congress Street  
Portland, ME

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

### AUTHORIZED REPRESENTATIVE

Silas Lawry, CIC

*Silas Lawry, CIC*

3/15/02

To whom it may concern,

I give my permission for Aging Excellence  
to Hang their sign at 251 Congress St.

Thank you,  
Alice J  
owner

