

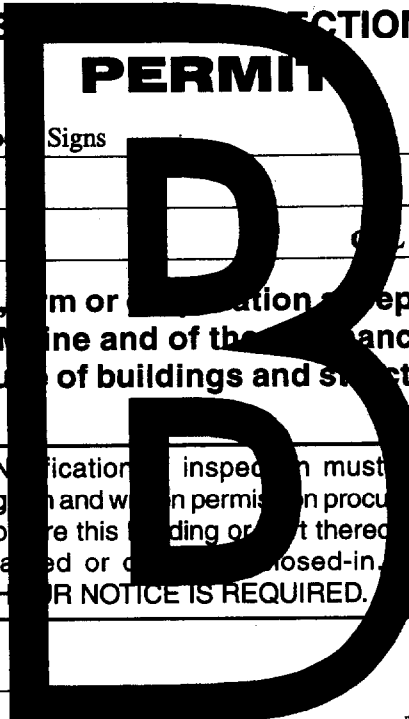
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

Permit Number: 020237

PERMIT



This is to certify that Portland Architectural/Scarboro Signs

has permission to Erect 20" x 24" Oval Sign

AT 251 Congress St 021 F006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name


Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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	Issue Date: JUL 8 2002	CBL: 021 F006001
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Location of Construction: 251 Congress St	Owner Name: Portland Architectural	Owner Address: 919 Congress St	Phone:
Business Name: n/a	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: 2078836796
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial / Retail; Second Hand Store	Proposed Use: Commercial / Retail; Erect 20" x 24" oval attached store front sign.	Permit Fee: \$36.00	Cost of Work: \$0.00	CEO District: 1
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FIRE DEPT: N/A	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: V Type: Sign BOCA 1999
Signature:		Signature: <i>gm</i>

Proposed Project Description:
Erect 20" x 24" Oval Sign

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: *gg* Date Applied For: 03/15/2002

Zoning Approval

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews

Shoreland

Wetland

Flood Zone *see permit #02-0237*

Subdivision

Site Plan

Maj Minor MM

Date: *7/3/02*

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Date: _____

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Approved

Approved w/Conditions

Denied

Date: _____

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

Addendum -

Permit # 02-0237

Signage Application

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 04101</u>		
Total Square Footage of Proposed Structure <u>See original sign only</u>	Square Footage of Lot <u>See original plot map + store sq ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>21</u> Block# <u>F 6</u> Lot#	Owner: <u>Alice Dunn</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Beth Lawrence</u>	Applicant name, address & telephone: <u>251 Congress St Portland, ME 04101 771-0991</u>	Total s.f. of signage <input checked="" type="checkbox"/> x 1.00 per s.f. \$ <u>12.00</u> , plus \$30.00 base fee Fee: \$ <u>36.00</u>
Current use: <u>Elder Care Services</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Attached sign change Lettering Name + colors on sign - same Business</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: Mailing address: <u>Same Landlord, Same Size of sign, Plot + sq footage of Property + building as original.</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$50.00 fee if any work starts before the permit is picked up. Phone:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Beth Lawrence</u>	Date: <u>06/19/02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

SIGNAGE PRE-APPLICATION
PLEASE ANSWER ALL QUESTIONS

Please see original

ADDRESS: _____ ZONE: _____

OWNER: _____

APPLICANT: _____

ASSESSOR NO. _____

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 _____
MORE THAN ONE SIGN? YES NO DIMENSIONS _____
AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK
IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT?

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

*** TENANT BLDG. FRONTAGE (IN FEET): _____

*** 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: _____



20 x 24" Oval -
Bracket & Hardware

+

**AGING
EXCELLENCE, INC**



Seniors On The Go SM

COMPANY STORE

Gifts & Innovative products for Seniors

GRAND OPENING

~~JUNE 15TH~~

**Gifts & Gift baskets for Seniors
Birthday, Retirement, Special occasions
Functional household items
Low vision products
Active wear & dressing aides
Games, Books, & Videos
Humorous over-the hill gifts
Featuring Grammie Hall's Hand Lotion**

OPEN Tuesday through Saturday 10-6pm

**Community support Services,
Day trips & Retail store.**

Staying Young & Active at 50+.

771-0991

www.seniorsonthego.com

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

Permit No: 0210237	Issue Date: PERMIT ISSUED	CBL: 021 F006001
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Location of Construction: 251 Congress St	Owner Name: Portland Architectural	Owner Address: APR 4 2002 919 Congress St	Phone:
Business Name: n/a	Contractor Name: Scarboro Signs	Contractor Address: Rt. 1 Scarborough	Phone: 2078836796
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Signs - Permanent	Zone: B2b

Past Use: Commercial / Retail; Second Hand Store	Proposed Use: Commercial / Retail; Erect 20" x 24" oval attached store front sign.	Permit Fee:	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Erect 20" x 24" Oval Sign	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>Sign</i> Type: BOCA 1999 Signature: <i>[Signature]</i>
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 03/15/2002	Zoning Approval
------------------------	---------------------------------	------------------------

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..	Special Zone or Reviews <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"/>	Zoning Appeal <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	Historic Preservation <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> 3/25/02	Date: _____	Date: <i>[Signature]</i>

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

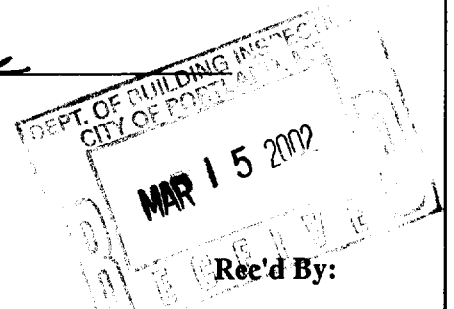
SIGNAGE APPLICATION

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: 251 Congress St. Portland, ME 04108		
Total Square Footage of Proposed Structure 20" x 24" Signage Bldg	Square Footage of Lot Office Space 1100 sq ft.	1/3rd Tax # 21-F-6 4264 Sq Ft. 3 Store Front
Tax Assessor's Chart, Block & Lot Number Chart# 21 Block# F Lot# 6	Owner: Alice Dunn	Telephone #: 780-0634
Lessee/Buyer's Name (If Applicable) current Lessee Second Hand/Retail	Owner's/Purchaser/Lessee Address:	Total s.f. of signs 20x24 57 .20 \$ 6 ⁰⁰ , plus \$30.00 TOTALS \$ 36-
Current use: Office space 20 x 24" Sign Store front / oval	Proposed use: Office ⁺ Second hand store Same + office	discussed e Marge Schmuckal
Project description: Attached Sign		
Applicants Name, Address & Telephone: BETHANY LAWRENCE & JOHN ARNO		
Contractor's Name, Address & Telephone: Scrabon Signs		
Who shall we contact when the permit is ready: Bethany Lawrence Telephone: 771-0991		
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 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

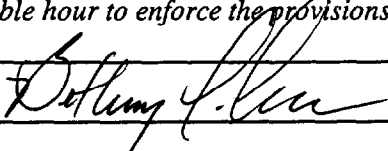
[Signature] 2/8/02

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.

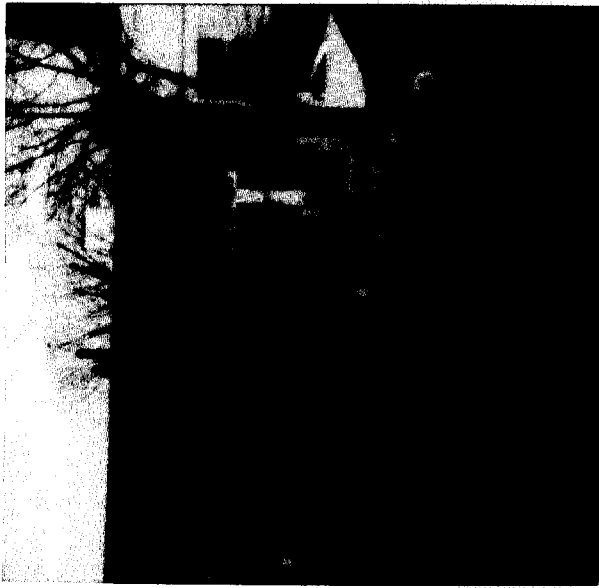
Signature of applicant: 	Date: 01/08/02
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Sign Permit Fee: \$30.00 plus \$0.20 per square foot.

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

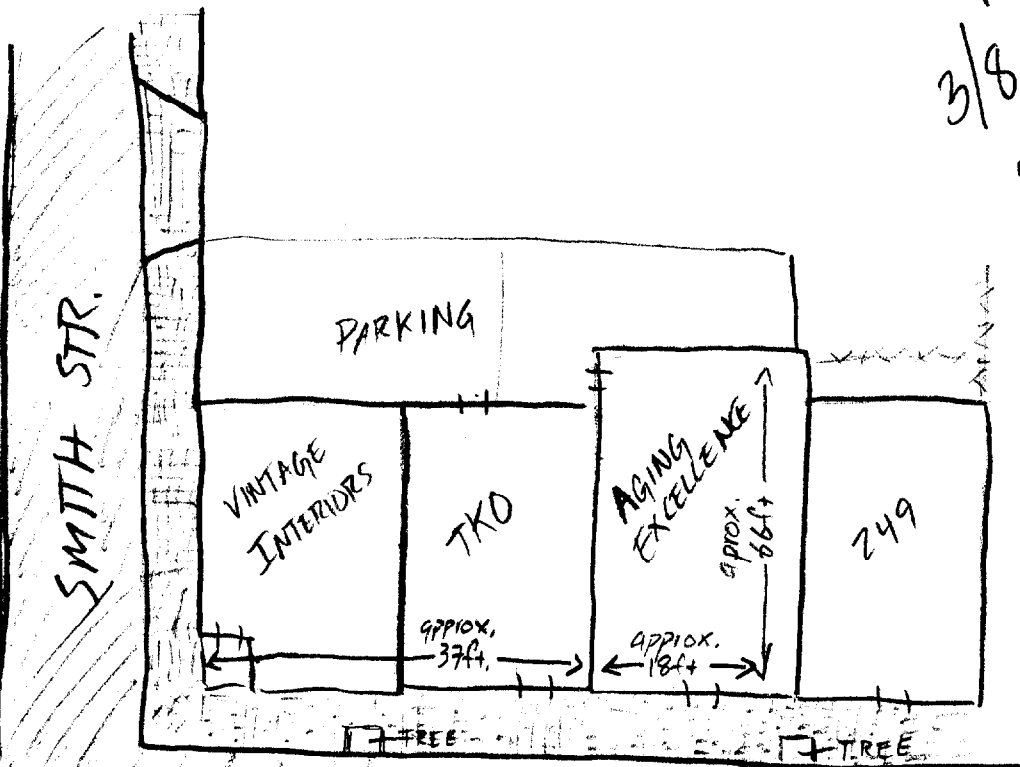
IT IS SUGGESTED THAT YOU DO NOT ORDER ANY SIGNAGE UNTIL YOU HAVE RECEIVED YOUR SIGN PERMIT THAT HAS BEEN SIGNED BY THE BUILDING, ZONING AND POSSIBLE HISTORICAL OFFICIALS OF THIS OFFICE





HANGING
 OVAL SIGN
 SEE PHOTO COPY

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



CONGRESS STR

I took
colored one home

1-20x24"
two-sided
opal
d/white
w/
30"
colonia
brake

Arno's

Black
with
Red
Trim

gold
leaf
letters

Stateli Plan

ACORD COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE
 10-19-01

OFFICER PHONE (A/C, No, Ext): (207)829-6393
 FAX (207)829-0933
 Merritt Insurance Agency
 P.O. Box 318
 Cumberland, ME 04021-0318
 CODE: AV3500 SUB CODE:
 AGENCY CUSTOMER ID
 00001340

CARRIER NAIC CODE: UNDERWRITER
 Swett Insurance Managers
 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

STATUS OF SUBMISSION **PACKAGE POLICY INFORMATION**
 QUOTE ISSUE POLICY
 BOUND (Give Date and/or Attach Copy):
 DATE: 10/10/1999 TIME: 12:01 AM PM
 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): 006-621213
 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
 INSPECTION CONTACT: Beth Lawrence
 PHONE (A/C, No, Ext): 771-0991
 NOT FOR PROFIT ORG CR BUREAU NAME ID NUMBER
 ACCOUNTING RECORDS CONTACT PHONE (A/C, No, Ext):
 YEAR BUS STARTED: 1998

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

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:
 4. ANY CATASTROPHE EXPOSURE? YES: NO:
 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? YES: NO:
 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO
 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: *Beth Lawrence* PRODUCER'S SIGNATURE

COMMERCIAL GENERAL LIABILITY SECTION

DATE

No. Exp: (207)829-6393

(207)829-0933

APPLICANT Aging Excellence Inc.

(First Named Insured)

Insurance Agency

318

land, ME 04021-0318

EFFECTIVE DATE 11/01/2001 EXPIRATION DATE 11/01/2002 X DIRECT BILL AGENCY BILL PAYMENT PLAN AUDIT

FOR COMPANY USE ONLY

AV3500

SUB CODE:

AGENCY CUSTOMER ID: 00001340

COVERAGES	LIMITS	PREMIUMS
COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMISES/OPERATIONS
CLAIMS MADE X OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS ✓
OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY \$ 1,000,000	OTHER ✓
	EACH OCCURRENCE \$ 1,000,000	TOTAL
DEDUCTIBLES	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	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
0001	Senior Services		S) 60,000					
			P) 40,000					

UNIT AND PREMIUM BASIS

GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST

(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT

(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

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?

YES NO

HAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

MARKS

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$
2. NUMBER OF EMPLOYEES:
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. RETROACTIVE DATE:

REMARKS

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.

INSURER 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				MEQ EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					ANNUAL AGGREGATE LIMIT APPLIES PER	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per 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 AUTO ONLY: EA ACC	\$
					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 STATUTORY 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

