

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
 Application And  
 Notes, If Any,  
 Attached

BUILDING DEPARTMENT

**PERMIT**

Permit Number: 071239

PERMIT ISSUED

This is to certify that 77 MIDDLE STREET ASSOCIATES INC. Kraft Signs

has permission to new signage for Northeast B

AT 77 MIDDLE ST

028-0011001

OCT 25 2007

CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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 when permission is 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

*Thomas M. MacRae* 10/25/07  
 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

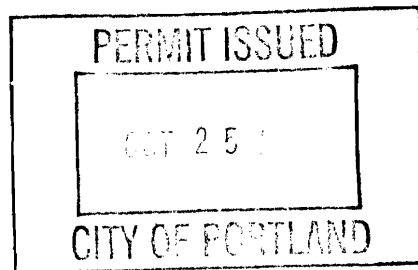
Permit No: 07-1239	Issue Date:	CBL: 028 0011001
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Location of Construction: 77 MIDDLE ST	Owner Name: 77 MIDDLE STREET ASSOCIAT	Owner Address: 155 CENTER ST BLDG G BOX 7	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2-b

Past Use: Commercial "Northeast Bank"	Proposed Use: Commercial "Northeast Bank" - new signage for Northeast Bank	Permit Fee: \$166.00	Cost of Work: \$166.00	CEO District: 1
Proposed Project Description: new signage for Northeast Bank		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>B</b> Type: <b>5A</b> <b>IBC 2003</b>	
		Signature:	Signature: <i>Jm</i> 10/25/07	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 10/01/2007	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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"/> OK Date: 10/23/07 <i>ABM</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 <i>ABM</i> Date: _____
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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

**City of Portland, Maine - Building or Use Permit**

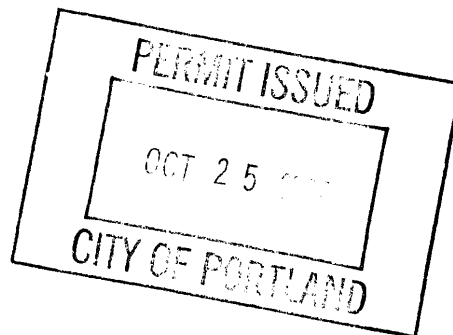
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 07-1239	<b>Date Applied For:</b> 10/01/2007	<b>CBL:</b> 028 0011001
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<b>Location of Construction:</b> 77 MIDDLE ST	<b>Owner Name:</b> 77 MIDDLE STREET ASSOCIATE	<b>Owner Address:</b> 155 CENTER ST BLDG G BOX 7	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> NeoKraft Signs	<b>Contractor Address:</b> 686 Main St. Lewiston	<b>Phone:</b> (207) 782-9654
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Signs - Permanent	

<b>Proposed Use:</b> Commercial "Northeast Bank" - new signage for Northeast Bank	<b>Proposed Project Description:</b> new signage for Northeast Bank
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 10/23/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 10/25/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			





# Signage/Awning Permit 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>77 Middle Street</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>28</u> Block# <u>0</u> Lot# <u>11</u>	Owner: <u>Commercial Properties Inc.</u> <u>100 Silver St.</u> <u>Portland, ME 04101</u>	Telephone: <u>207-347-4453</u>
Lessee/Buyer's Name (If Applicable) <u>Northeast Bank</u>	Contractor name, address & telephone: <u>Neokraft Signs Inc.</u> <u>686 main St.</u> <u>Lewiston, ME 04240</u> <u>207-782-9654</u>	Total s.f. of signage x \$2.00 <u>68 sq. ft.</u> Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total <u>[total of all signs]</u> Fee: \$ <u>166.00</u> Awning Fee= cost of work <input checked="" type="checkbox"/> Total Fee: \$ <u>166.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: <u>31'</u> Height <u>28'</u> Lot Frontage (feet) <u>100'</u> Single Tenant or Multi Tenant Lot <u>Single</u>		
Current Specific use: <u>bank</u> If vacant, what was prior use: _____ Proposed Use: <u>bank</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions proposed: <u>3'-9" x 10'-7"; 3'-7 1/8" x 8'-10"; 3'-1 3/4" x 8'-10"</u>		
Proposed awning? Yes ___ No <input checked="" type="checkbox"/> Is awning backlit? Yes ___ No <input checked="" type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes ___ No ___ If yes, total s.f. of panels w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes ___ No <input checked="" type="checkbox"/> Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No ___ Dimensions: <u>See attached</u> Awning? Yes ___ No <input checked="" type="checkbox"/> Sq. ft. area of awning w/communication: _____		
A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.		

Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: Shane Moffett

Date: 9-25-07

This is not a permit; you may not commence ANY work until the permit is issued.

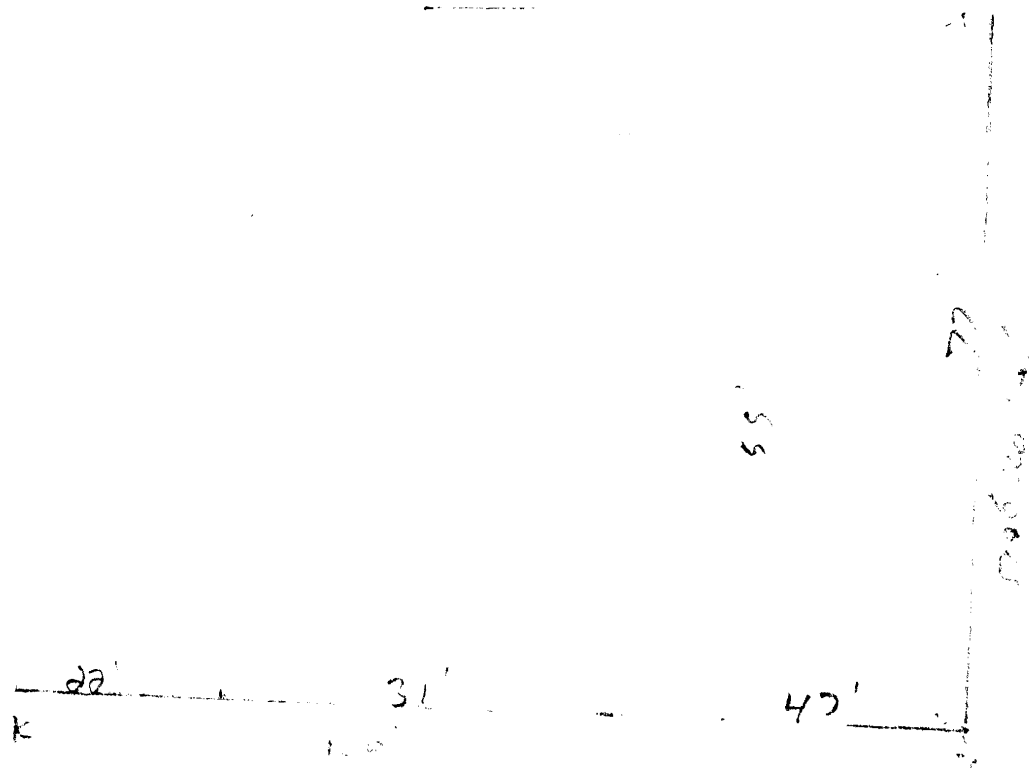
B2b 1 per facade facing 2b this street + one  
3  
2'x

# Plot Plan

77 inside

North 100' 200'

77 inside

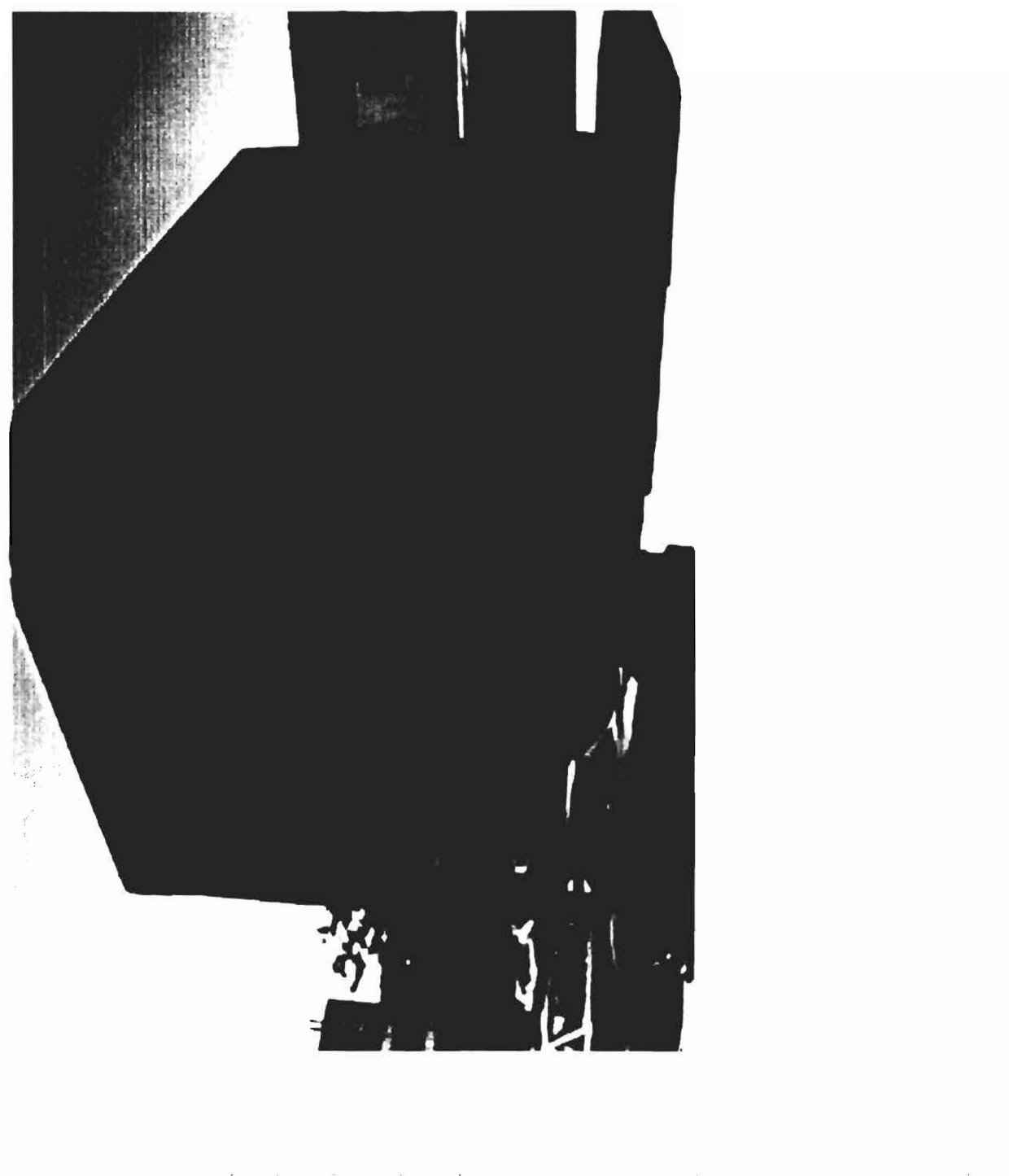


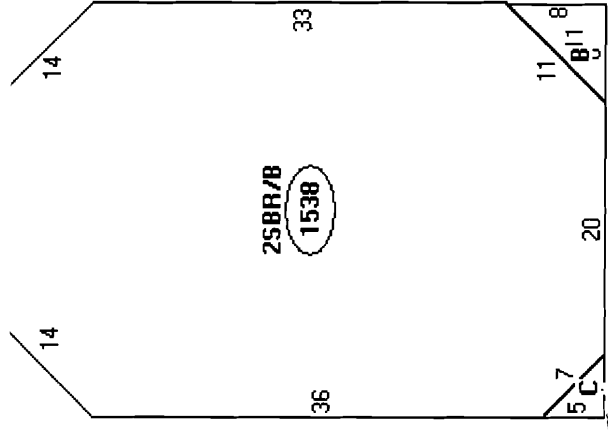
77 inside

leftside  $55 \times 2 = 110$   
 prepnd 30.85  $\Phi$

right  $55 \times 2 = 110$  ok.  
 20.77  $\Phi$

1 parabolic pt - phone  
 front  $31 \times 2 = 62$  ok. P26.  
 bkt 27.27  $\Phi$





1.5.00 sqft  
B: 158R/B  
32 sqft  
C: 158R/B  
12 sqft

**COMMERCIAL  
PROPERTIES .INC**

100 Silver Street  
Portland, ME 04101  
Email: [lpplummer@comprop-1.com](mailto:lpplummer@comprop-1.com)  
Ph. (207) 774-1885 Fax (207) 774-8397  
Direct Line: 207-347-4453

September 19, 2007

Stan Charles  
Northeast Bank

**VIA FACSIMILE: 782-7230**

Re: 77 Middle Street, Portland, ME  
Signage/Insurance

Dear Stan:

Enclosed is a copy of our insurance Policy for the building at 77 Middle Street in Portland, Maine that you need for the City of Portland.

Also, regarding the change in the exterior signage, Richard McGoldrick, Owner, gives his permission to the Bank to change the exterior signage.

If you have any questions, please call Linda at 347-4453 (direct line).

Sincerely,



Richard J. McGoldrick  
Owner

RJM:lp  
Encl



10:54 OCT 11, 2007 *AMH - LHMW 874-8716* FAX NO: 829-6350 #27455 PAGE: 2/3

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 10/11/2007												
PRODUCER (207)829-3450 FAX (207)829-6350 Norton Insurance Agency, Inc. 275 US Route 1 Cumberland Foreside, ME 04110		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 77 Middle Street Associates, LLC 100 SILVER ST PORTLAND, ME 04101-4133		<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Employers Fire</td> <td>20648</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Employers Fire	20648	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Employers Fire	20648													
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'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	FM1U33311	03/15/2007	03/15/2008	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input 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				<table border="1"> <tr> <td>WC STATL TORY LIMITS</td> <td>OT-HER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATL TORY LIMITS	OT-HER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATL TORY LIMITS	OT-HER												
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  
 City of Portland is named as an additional Insured in reference to general liability coverage provided by the above policy.

**CERTIFICATE HOLDER**

City of Portland  
 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeffrey Donovan/JMD

*JH Donovan*

RECEIVED OCT 11 2007

55010


**COMMON POLICY  
DECLARATIONS**

Company: EMPLOYERS FIRE INSURANCE			Office: PORTLAND, MAINE		
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number
NEW BUSINESS	03/16/2007	03/15/2007	1M6TH4	FM 1U33311	2879197 1

**NAMED INSURED and MAILING ADDRESS:**

77 MIDDLE STREET ASSOCIATES,  
LLC  
100 SILVER ST  
PORTLAND, ME 04101-4133

**AGENCY NAME AND ADDRESS:**

1816931  
Norton Insurance Agency, Inc.  
275 US Route 1  
Cumberland Foreside, ME 04110-0655

**Business:** Leased Building - Office

**Form Of Ownership:** Limited Liability Company

**Policy Period:** From: 03/15/2007 to 03/15/2008 at 12:01 AM Standard Time at the mailing address stated above.

**SPECIAL INFORMATION**

In return for the payment of all premiums, taxes, surcharges, recoupments and fees, and subject to all of the terms of this policy, we agree with you to provide the insurance stated in this policy.

Description	Premiums
Commercial Property Coverage Part	\$659
Commercial General Liability Coverage Part	\$70
Commercial Inland Marine Coverage Part	Included
Extender Endorsement	\$120
<b>TOTAL PREMIUM:</b>	<b>\$849</b>
<b>Total Amount Due:</b>	<b>\$849.00</b>

The Total Amount Due will be direct Installmatic billed.

LOCATION INFORMATION			
Prem. No.	Bldg. No.	Address	Occupancy
001	001	77 MIDDLE ST, PORTLAND, ME 04101	Building Owner

Your complete policy consists of Declarations, Forms and Endorsements made a part of this policy. As of the effective date shown, this policy consists of this Declarations and all other Declarations, Forms and Endorsements listed in the Policy Forms Schedule.

POLICY FORMS SCHEDULE	
Form No.	Title
CG0001 1204	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0067 0305	EXCLUSION-VIOLATION OF STATUTES THAT GOVERN EMAIL,
CG0431 0998	YEAR 2000 COMPUTER RELATED & OTHER ELECTRONIC PROB
CG2147 0798	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2173 1202	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG2175 1202	EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND OTHER
CG2187 0107	CONDITIONAL EXCLUSION OF TERRORISM
CG2426 0704	AMENDMENT OF INSURED CONTRACT DEFINITION
CM0001 0900	COMMERCIAL INLAND MARINE CONDITIONS



Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_


**COMMON POLICY  
DECLARATIONS**

<b>Company: EMPLOYERS FIRE INSURANCE</b>				<b>Office: PORTLAND, MAINE</b>	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number
NEW BUSINESS	03/16/2007	03/15/2007	1M6TH4	FM 1U33311	2079197 1

**POLICY FORMS SCHEDULE**

Form No.	Title
CP0010 0402	BUILDING & PERSONAL PROPERTY COVERAGE FORM
CP0030 0402	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP0090 0788	COMMERCIAL PROPERTY CONDITIONS
CP0122 1091	MAINE CHANGES-ACTUAL CASH VALUE
CP0134 1091	MAINE - STANDARD FIRE POLICY PROVISIONS
CP0140 0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0405 0402	ORDINANCE OR LAW COVERAGE ENDORSEMENT
CP1030 0402	CAUSES OF LOSS-SPECIAL FORM
CP1555 0695	BUSINESS INCOME CHANGES-TIME PERIOD
G10779 0901	EXECUTION OF OFFICERS SIGNATURES
G12986 0895	ELECTRONIC DATA PROCESSING POLICY COVERAGE FORM
G12988 1295	ADDITIONAL COVERAGE ENDORSEMENT
G12995 0895	FLOOD EXCLUSION
G15131 0602	BUILDING OWNERS PROGRAM AMENDATORY ENDORSEMENT
G15138 1204	COMMERCIAL PACKAGE EXTENDER ENDORSEMENT
G15163 0602	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
G15164 0602	COMMERCIAL GENERAL LIABILITY CDV PART DECLARATIONS
G15165 0602	COMMERCIAL INLAND MARINE COVERAGE PART DECLARATION
G15175 0602	EQUIPMENT BREAKDOWN ENDORSEMENT
G15191 0600	ABSOLUTE EXCLUSION-ASBESTOS LIABILITY
G15243 0600	PROTECTIVE SAFEGUARDS
G15253 0602	COMMON POLICY DECLARATIONS
G16008 0801	TOTAL EXCLUSION FUNGI,SPORE,BACTERIA OR VIRUS
IL0003 0702	CALCULATION OF PREMIUM
IL0017 1198	COMMON POLICY CONDITIONS
IL0021 0702	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0189 0702	MAINE CHANGES-CONCEALMENT, MISREPRESENTATION FRAUD
IL0247 0702	MAINE CHANGES-CANCELLATION AND NON RENEWAL
IL0913 0498	INSURANCE INSPECTION SERVICES EXEMPTION FROM LIAB
IL0935 0702	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES
IL0956 1102	EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERR
IL0995 0107	CONDITIONAL EXCLUSION OF TERRORISM

**IMPORTANT NOTICES**

Please read the very important notices that have been furnished with, but are not a part of, this policy.

This policy contains copyrighted material of Insurance Services Office, Inc. with its permission.


**COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS**

<b>Company: EMPLOYERS FIRE INSURANCE</b>				<b>Office: PORTLAND, MAINE</b>	
<b>Transaction Type</b>	<b>Issue Date</b>	<b>Effective Date</b>	<b>Rex Number</b>	<b>Policy Number</b>	<b>File Number</b>
<b>NEW BUSINESS</b>	<b>03/16/2007</b>	<b>03/15/2007</b>	<b>1M6TH4</b>	<b>FM 1U33311</b>	<b>2879197 1</b>
<b>Scheduled Property Coverage (Applies only at the Buildings and Premises indicated)</b>			<b>Prem. No. 001 Bldg. No. 001</b>	<b>Prem. No. Bldg. No.</b>	

**Covered Causes Of Loss:** **Special**

**Buildings:**

Limit Of Insurance: **\$585,000**  
 Deductible Amount: **\$500**  
 Valuation: **RCV**  
 Coinsurance: **N/A**  
 Automatic Increase: **4%**

**Your Business Personal Property:**

Limit Of Insurance: **\$1,000**  
 Deductible Amount: **\$500**  
 Valuation: **RCV**  
 Coinsurance: **N/A**  
 Automatic Increase: **4%**

**Business Income Including Rental Value**

Limit Of Insurance: **ALS for 12 Months**  
 Coinsurance: **N/A**

**OTHER COVERAGES:**

Accounts Receivable - Limit Of Insurance: **\$25,000**  
 Extended Period Of Indemnity: **60**  
 Valuable Papers And Records - Limit Of Insurance: **\$25,000**

**SCHEDULE OF COVERAGES APPLICABLE AT ALL LOCATIONS**

<b>Coverage</b>	<b>Limit Of Insurance</b>
Appurtenant Structures:	\$10,000
Arson and Theft Reward:	\$5,000
Employee Dishonesty Coverage:	\$10,000
Expediting Expense:	\$25,000
Fine Arts	\$10,000
Fire Department Service Charge:	\$10,000
F.O.B. Shipments:	\$10,000
Forgery and Alteration Coverage:	\$10,000
Money Orders and Counterfeit Paper Currency:	\$5,000
Money & Securities - Inside the Premises	\$10,000
Money & Securities - Outside the Premises	\$10,000
Newly Acquired Buildings:	\$500,000
Newly Acquired Business Personal Property:	\$250,000
Outdoor Property:	\$10,000
Personal Effects:	\$10,000
Preservation Expense:	\$25,000
Property in Transit:	\$25,000
Property Off Premises:	\$25,000


**COMMERCIAL PROPERTY COVERAGE PART  
DECLARATIONS**

Company: EMPLOYERS FIRE INSURANCE				Office: PORTLAND, MAINE	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number
NEW BUSINESS	03/16/2007	03/15/2007	1M6TH4	FM 1U33311	2879197 1

**SCHEDULE OF COVERAGES APPLICABLE AT ALL LOCATIONS**

Coverage	Limit Of Insurance
Recharge Costs:	\$5,000
Soft Costs:	\$10,000

**MORTGAGEHOLDER SCHEDULE**

Prem. No.	Bldg. No.	Mortgageholder Name And Mailing Address
001	001	NORTHEAST BANK, ISAQA/ATIMA 232 CENTER ST AUBURN, ME 04210-6136


**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
DECLARATIONS**

Company: EMPLOYERS FIRE INSURANCE				Office: PORTLAND, MAINE	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number
NEW BUSINESS	03/16/2007	03/15/2007	1M6TH4	FM 1U33311	2879197 1
COMMERCIAL GENERAL LIABILITY COVERAGE PART					
Liability Coverage					Limit Of Insurance

**STANDARD COVERAGES**

Each Occurrence:	\$2,000,000
Damage to Premises Rented to You (any one premises):	\$300,000
Personal and Advertising Injury (any one person or organization):	\$2,000,000
Medical Expenses (any one person):	\$5,000
General Aggregate (except Products and Completed Operations):	\$4,000,000
Products-Completed Operations Aggregate:	\$4,000,000

LIABILITY CLASSIFICATION SCHEDULE-STANDARD COVERAGES						
Description Of Classification	Class Code	Premises / Products	Rate Basis	Exposure Amount	Annual Fire Rate	Advance Premium
Leased Building - Office	65198A	PREMISES PRODUCTS	Area	3,121	22.376	\$70 Included

