Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPA	L FRON	TAGE OF WORK
Diseas David	_			O	F POR	TLAN	ID
Please Read Application And	1		BU			TION	
Notes, If Any, Attached				P	ERMIT		PERMAT 1990UED
This is to certify	thatSCARE	CROW HO	OLDINGS L	Du/	ckfa		
has permission t	toOutside	seating 2.1	Tables & 4 C	rs 56	i sq		JUN_17_2010
AT _45 MIDDI	<u>_e st</u>					CF 028	8 P016001
provided th	hat the perso	on or pe	rsons, fi	or	co	accuting	this permit shall comply with al
of the prov	visions of the	e Statul	es of Ma	e ai	nd of the O	ices o	of the City of Portland regulating
	uction, main	tenance	e and use	fbι	uildings and	structures	s, and of the application on file ir
this depart	iment.		-				
Apply to Dul	blia Marka for a	traat lina	Noti	itior nd w	n of spectio ritte ermissio	nust be rocured	
1	blic Works for s i nature of work		give befo		bui g or pa	hereof is	A certificate of occupancy must be procured by owner before this build-
such informa	ation.	·	lath HOL	or o NOT		d-in. 24 ED.	ing or part thereof is occupied.
OTHER		OVALS					
							A
Health Dept						-(- (1)
Appeal Board	.—					\smile	1 Hel
Other	Department Name						Director -Building & Inspection Services
	Capatilion Halle				R REMOVING		
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| City of Portland, Ma                                                                                                                    | ine - Building or   | Use Permi                         | t Applicatio                      | n Permit No                             | ): Is                                   | saue Date: | CBL:                                   |               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|-----------------------------------------|-----------------------------------------|------------|----------------------------------------|---------------|--|
| -                                                                                                                                       |                     | 207) 874-8703, Fax: (207) 874-871 |                                   |                                         |                                         |            |                                        | 6001          |  |
| Location of Construction:                                                                                                               | me:                 |                                   |                                   | ens:                                    |                                         | Phone:     |                                        |               |  |
| 45 MIDDLE ST SCAREC                                                                                                                     |                     | CROW HOLI                         | DINGS LLC                         | 30 HIGHL                                | AND ST                                  |            | Į                                      |               |  |
| Business Name: Contr                                                                                                                    |                     | Name:                             |                                   | Contractor A                            | ddress:                                 |            | Phone                                  |               |  |
|                                                                                                                                         | Duckfat             | Duckfat                           |                                   |                                         |                                         |            |                                        |               |  |
| Lessee/Buyer's Name Phone:                                                                                                              |                     |                                   |                                   | Permit Type:<br>Outdoor Seating         |                                         |            |                                        | Zone:<br>B-Zh |  |
| Past Use:                                                                                                                               | Proposed            | roposed Use:                      |                                   |                                         | Permit Fee: Cost of Work: CEO District: |            |                                        |               |  |
| Restaurant "Duckfat" - 56                                                                                                               | sq ft RE- Restaura  | Restaurant "Duckfat" - Outsi      |                                   | \$192.00 \$80                           |                                         | \$80.00    | 00 1                                   |               |  |
| NEW                                                                                                                                     | seating 2           | Tables & 4                        | Chairs 56 sq ft                   | FIPE DEPT.                              |                                         |            | PECTION:                               |               |  |
|                                                                                                                                         |                     |                                   |                                   | Approved Benied                         |                                         |            | Use Group: 12 Type:<br>Out low Stating |               |  |
| Proposed Project Description:                                                                                                           |                     |                                   |                                   | / '                                     |                                         |            | G                                      |               |  |
| Outside seating 2 Tables &                                                                                                              | e 4 Chairs 56 sq ft |                                   | Signature:                        |                                         |                                         | -          | Signature:                             |               |  |
|                                                                                                                                         |                     |                                   |                                   | PEDESTRIAN ACTIVITIES DISTRICT (P.A.P.) |                                         |            | Г (Р.А.Р.)                             |               |  |
|                                                                                                                                         |                     |                                   |                                   |                                         | Action: Approved Approved w/Conditions  |            |                                        |               |  |
|                                                                                                                                         |                     |                                   |                                   | Signature:                              |                                         |            | Date:                                  |               |  |
| Permit Taken By:                                                                                                                        | Date Applied For:   |                                   |                                   | Z                                       | oning A                                 | oproval    |                                        |               |  |
| ldobson                                                                                                                                 | 06/04/2010          |                                   |                                   |                                         |                                         |            |                                        |               |  |
| <ol> <li>This permit application does not preclude the<br/>Applicant(s) from meeting applicable State and<br/>Federal Rules.</li> </ol> |                     |                                   | Special Zone or Reviews Shoreland |                                         | Zoning Appeal                           |            | Historic Prese                         |               |  |
| <ol> <li>Building permits do not include plumbing,<br/>septic or electrical work.</li> </ol>                                            |                     |                                   | Wetland                           |                                         | Miscellaneous                           |            | Does Not Req                           | uire Review   |  |
| 3. Building permits are void if work is not started                                                                                     |                     |                                   | 🗍 Flood Zone                      |                                         | Conditional Use                         |            | 🗌 Requires Revi                        | iew           |  |
| within six (6) months of the date of issuance.<br>False information may invalidate a building<br>permit and stop all work               |                     |                                   | ubdivision                        | Interpretation                          |                                         | Approved   |                                        |               |  |
|                                                                                                                                         | _                   | 🗌 🗌 Si                            | te Plan                           |                                         | Approved                                |            | Approved w/G                           | Conditions    |  |
| PERMIT ISSUED                                                                                                                           |                     |                                   | Maj Minor MM                      |                                         | ] Denied                                |            |                                        |               |  |
| _                                                                                                                                       | 7 2010              | Date:                             | Unt                               | Date:                                   |                                         |            | Date:                                  |               |  |
| JUN 1                                                                                                                                   | Portland            |                                   |                                   |                                         |                                         |            |                                        |               |  |

### 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 |
|------------------------|---------|------|-------|
|                        |         |      |       |



### **Outdoor Dining 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.

| New Application for Outs                 | side Dining    |              |                   |                |                                          |          |  |  |
|------------------------------------------|----------------|--------------|-------------------|----------------|------------------------------------------|----------|--|--|
| Renewal Application for Outside Dining   |                |              |                   |                |                                          |          |  |  |
| City Clerk signature for liquor license  |                |              |                   | nding Counci   |                                          |          |  |  |
| Location/Address of Outdoor Seating:     |                |              |                   | nd, ME         |                                          |          |  |  |
| Total Square Footage of Proposed Seating |                | Square Foo   | •                 | ~ ~            |                                          |          |  |  |
|                                          | 30             |              | <u> </u>          | 000            |                                          |          |  |  |
| Tax Assessor's Chart, Block & Lot        | Phone#:        |              | Owner:            |                |                                          |          |  |  |
| Chart# Block# P Lot#                     | 207-774-8      | 3080         | Nancy             | Puah           |                                          |          |  |  |
| Applicant *must be owner or Lessee       | Lessee/Buy     | er's Name:   | Annual Feet       |                |                                          |          |  |  |
| Name:                                    | (If Applicab   | le)          | Total Sq. Ft.     | 30             |                                          |          |  |  |
| Address:                                 |                |              | Sq. Ft. Fee:      | \$ 60          |                                          |          |  |  |
| City, State & Zip:                       |                |              |                   | _              |                                          |          |  |  |
|                                          |                |              | Total Fee:        | \$ 140         |                                          |          |  |  |
|                                          |                |              |                   |                |                                          |          |  |  |
| Current use:Restaur                      | ant            |              |                   |                |                                          |          |  |  |
| Business name: DUCKFat                   |                |              |                   | B              | ECEIV                                    | ED       |  |  |
| Seating area dimensions:3' X S           | >              | <u>3 × 5</u> | 5'                | -              |                                          | *        |  |  |
| How many chairs? How                     | many tables? _ |              |                   |                | JUN - 4 2                                | )10 🔅    |  |  |
| Yes Alcohol is served.                   | •              |              |                   | · • • •        |                                          |          |  |  |
| □ No Alcohol being served.               |                |              |                   |                |                                          | enection |  |  |
|                                          |                |              |                   | Dep            | <b>of Building I</b><br>City of Portland | Maine    |  |  |
| Who should we contact for the pre-inspe  | ection: ASV    | nley 5       | shane             |                |                                          |          |  |  |
| Mailing address: 88 Hiddle &             | št             | Pho          | ne: <u>201-</u> - | <u>114-808</u> | <u>o</u>                                 |          |  |  |
| PHd. ME                                  | 04101          |              |                   |                |                                          |          |  |  |

Please submit all of the information outlined in the Outdoor Dining Application Checklist. Failure to do so will 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 <u>www.portlandmaine.gov</u>, 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:

Date: 4/30/10

(<sup>1</sup> In no instance shall the total square footage of dining area equal more than 10% of park space, unless the applicant receives a waiver from the Director of Parks and Recreation or his or her designee. This is not a permit; you may not commence ANY work until the permit is issued.

Revised 04-16-09 gg



### **Outdoor Dining 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 Outdoor Seating: 4.3 Middle St.                                                            |                        |                 |                  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|------------------------|-----------------|------------------|--|--|--|--|
| Total Square Footage of Proposed Seating Area' Square Footage of Lot                                           |                        |                 |                  |  |  |  |  |
|                                                                                                                |                        | 6,000 SQ        | H                |  |  |  |  |
| Tax Assessor's Chart, Block & Lot                                                                              | Owner:                 | <b>A</b> .      | Telephone:       |  |  |  |  |
| Chart#Block#Lot#                                                                                               | Nancy                  | Pugh            | 4.8538           |  |  |  |  |
| Lessee/Buyer's Name (If Applicable)                                                                            | Applicant * <u>m</u> u | ist be owner or | Annual Fee: \$80 |  |  |  |  |
|                                                                                                                | Lessee                 |                 |                  |  |  |  |  |
|                                                                                                                | Name                   |                 | Sq Ft Fee:       |  |  |  |  |
|                                                                                                                | Address                |                 | \$               |  |  |  |  |
|                                                                                                                | Address                |                 | Total Fee:       |  |  |  |  |
|                                                                                                                | City, State & Z        | Lip             | \$               |  |  |  |  |
| Current use: <u>Restaurant</u><br>Business name: <u>DUCKF2+</u><br>Seating area dimensions: <u>3'X5' 3'X5'</u> |                        |                 |                  |  |  |  |  |
| How many chairs? <u>4</u> How many tables? <u>2</u><br>Alcohol to be served outside? circle on <u>YES</u> NO   |                        |                 |                  |  |  |  |  |
| Who should we contact for the pre-inspection: Noncy Pugh<br>Mailing address: 43 Middle StPhone:207-774-8538    |                        |                 |                  |  |  |  |  |
| PHd, ME 04101                                                                                                  |                        |                 |                  |  |  |  |  |

Please submit all of the information outlined in the Outdoor Dining Application Checklist. Failure to do so will 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 <u>www.portlandmaine.gov</u>, 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 Date This is not a permit; you may not commence ANY work until the permit is issued.

<sup>&</sup>lt;sup>1</sup> In no instance shall the total square footage of dining area equal more than 10% of park space, unless the applicant receives a waiver from the Director of Parks and Recreation or his or her designee.

### Administrative Regulation

### OUTDOOR DINING PERMITS

#### I. Purpose

It is the purpose of this regulation to establish the policy of the City and the procedures to be used for the issuance of outdoor dining permits pursuant to City Code section 25-26 et seq.

### II. Policy

It is the policy of the City to permit food service establishments to expand their businesses to the outdoors on city sidewalks, public ways and other public places, including parks. Such expansions onto city property shall be permitted on a case-bycase basis, upon application to the city and payment of a fee, in accordance with certain conditions.

It is the policy of the City that due to the high value of downtown park space, expansion of a private business into such areas shall require a higher fee than expansion into a sidewalk or other public way. Further, in no instance shall the total square footage of dining area equal more than 10% of park space, unless the applicant obtains a waiver from the Director of Parks and Recreation or his or her designee.

The following procedures are to be followed in the issuance of outdoor dining permits.

#### III. Procedures

#### A. Application and Permit

- 1. A food service establishment shall submit an application and fees to the Inspections Division for an outdoor dining permit.
- 2. The application shall contain a drawing of the dining area that the applicant intends to occupy that includes the location of the street, the sidewalk width and curbing location, and the location of chair and table placement.
- 3. Upon receipt of a new application, city staff will conduct a site visit to ensure that the measurements provided are correct and that there is sufficient open sidewalk area remaining in accordance with the Americans with Disabilities Act. The permit area will be permanently delineated to ensure compliance.

### **B. Permit Conditions**

1. There must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on a corner, per the Americans with Disabilities Act, and egress from the building must be maintained free of obstruction

per the building code and NFPA Life Safety Code.

- 2. The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced permitted area or a revocation of the permit.
- 3. The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.
- 4. The permit holder is required to produce and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.
- 5. No food shall be prepared outside.
- 6. If alcohol is to be served, the permit holder must notify the City's Business Licensing Office and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
- 7. All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities. Failure to remove tables and chairs during a snowfall may result in revocation of the permit.
- 8. The applicant shall sign a release, indemnification and hold harmless agreement prior to the issuance of the permit.
- 9. If smoking is permitted in the outdoor dining area, the permittee shall provide ashtrays. If smoking is not permitted, the permittee shall post "No Smoking" sign.

# Fax#874.8716



## OUTDOOR DINING PERMIT CHECKLIST

Permits are required for expanding food service establishments to the outside on City Property. The annual fee is\$80.00 plus \$2.00 per square foot of dining area on streets, sidewalks or other public ways and \$80.00 plus \$6.00 per square foot of dining area in city parks. Outdoor dining is permitted year round under the permit; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. The permit must be renewed each year.

All of the following information is required and must be submitted. You will also be required to fill out an Outdoor Dining Permit Application.

### A plot plan is required and must include:

- A drawing of the lot, where the building sits on the lot along with the lot and building dimensions
- The dimensional setback from the sidewalk to the building
- K. The location of the street, and if it's a corner lot, the intersecting streets
- X The sidewalk along with its width and curbing location
- The location of the table and chair placement, including dimensions (NOTE: there must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on corners, and egress from the building must be maintained free of obstruction per the building code and NFPA Life Safety Code).

### Additional Requirements:

The permit holder is required to produce, at the time of submission, and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.

### All permits for outdoor dining are issued subject to the following conditions:

- The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced permitted area or a revocation of the permit.
- A The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.
- No food shall be prepared outside.

- If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
  - All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.
  - The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.

### Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk or park space, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use there from, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Date: 4/20 Signed and acknowledged: Printed name Establishment DUCKFAI Location <u>43 Midd</u>





| Clark Insurance 2385 Congress Street P O Box 3543 Portland ME 04104 Vol.02R Vol.02R Vol.02R Vol.02R Portland ME 04104 Vol.02R Vol.02R Vol.02R Vol.02R Portland ME 04104 Vol.02R Vol.02                                                                                                                                                                                                               | RANCE                                                                   |                                             | ATE (N. CONYY)              |  |  |  |
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| INSURE: ISURE A MAG<br>DUCKTAIL INC<br>88 MIDDLE ST<br>PORTLAND ME 04101-4232<br>PORTLAND ME 04101-4232<br>PORTLAND<br>PORTLAND ME 04101-4232<br>PORTLAND ME 04101<br>PORTLAND ME 04101-4232<br>PORTLAND ME 04101<br>PORTLAND PORTLAND<br>PORTLAND PORTLAND<br>P |                                                                         |                                             |                             |  |  |  |
| DUCKTAT INC<br>99 MIDDLE ST<br>PORTLAND ME 04101-4232<br>DOVERAGES<br>THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADD<br>REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT<br>THE NSURACE AFFORDED BY THE POLICES OESCINEED HEREIN IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL CLAMS.<br>MERADOC<br>THE NSURANCE AFFORDED BY THE POLICES OESCINEED HEREIN IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL CLAMS.<br>MERADOC<br>THE NSURANCE AFFORDED BY THE POLICES OESCINEED HEREIN IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS AFFUE BEEN<br>OENELAGOREGATE LIMIT AFFUESPER<br>A COMMERCIAL GENERALLIASUITY<br>A COMMERCIAL GENERALLIASUITY<br>A COMMERCIAL SCHEME DOCUMENT AFFUESPER<br>A COMMERCIAL SCHEME DOCUMENT<br>A CLAMS VACE C OCCUMENT<br>OENELAGOREGATE LIMIT AFFUESPER<br>A COMMERCIAL SCHEME<br>OENELAGOREGATE LIMIT AFFUESPER<br>A COMMERCIAL SCHEME<br>A CLAMS VACE<br>DEDICTIBLE<br>RECENTION OF OPERATIONAL CLAMS VACE<br>DEDICTIBLE<br>RECENTION OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CLAMS ALL DEDICTINE<br>SECONTRETION OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAND<br>SECONTRETON OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAND<br>SECONTRETON OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAND<br>SECONTRETON OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAND DE LISTED AS AN ADDE<br>SECONTRETON OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAND DE LISTED AS AN ADDE<br>SECONTRETON OF OPERATIONAL OCATIONS ADDED BY ENDORESEMENTIFICAL PROVISION<br>CITY OF PORTLAN                                                                                                 |                                                                         |                                             | L5997                       |  |  |  |
| 99 MIDDLE ST     INSURED       PORTLAND     ME 04101-4232       INSURED     NSURER E       COVERAGES     INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOU       REQUIREMENT, TERM OR CONDITION OF ANY CONTACT ON OTHER DOCUMENT WITH RESPECT     INSURED ABOU       THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOU     DATE INSURANCE AFORDED BY THE POLICIES DESCRIED HEREN IS SUBJECT TO ALL THE AGGREGATE INT'S HOUMAN MAY HAVE BEEN REDUCED BY THE ONLINE INT'S HOUMAN MAY HAVE BEEN REDUCED BY THE ONLINE INT'S HOUMAN MAY HAVE BEEN REDUCED BY THE ONLINE INT'S HOUMAN MAY HAVE BEEN REDUCED BY THE ONLINE INT'S HOUMAN MAY HAVE BEEN REDUCED BY ALL CAMES VACE     POLICY NUMBER       INTERPOLICIES (SUBJECT TO THE INSURANCE AFORDED LINES)     POLICY NUMBER     DULY ENTITY       A     COMMERCIAL CENERAL LINESUTY     BP 0430988     B/17/2009       AVAILO     CAMES VACE     POLICY NUMBER     DULY ENTITY       A     COMMERCIAL CENERAL LINESUTY     AVAILO     DULY ENTITY       AVAILO     POLICY INFORMATION     AVAILON     DUCY INFORMATION       AVAILON     COMMERCIAL LINELITY     AVAILON     AVAILON       AVAILON     COMMERCIAL LINELITY     AVAILON   <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S Insulance                                                             | company                                     |                             |  |  |  |
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| PORTLAND     ME     04101-4232     NSURER E       COVERAGES     COVERAGES     NSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOURED NTHE POLICY BEEN ISSUED TO THE INSURED NAMED ABOURED BY THE DOLINES DESCRIPTION WITH RESPECT       THE POLICIES DESCRIPTION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT     POLICY NUMBER     POLICY EFFECTIVE       AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUED BY PAIL CLAMS.     POLICY OFFECTIVE     POLICY OFFECTIVE       MERADOL     TYPE OF INSURANCE     POLICY NUMBER     POLICY OFFECTIVE       MERADOL     CLAMS VACE     POLICY NUMBER     DILCY OFFECTIVE       MERADOL     CLAMS VACE     POLICY NUMBER     DILCY OFFECTIVE       MERADOL     CLAMS VACE     POLICY NUMBER     DILCY NUMBER       MEROLING     AUTONOBILE LABUITY     DESCRIPTION OF AUTONS     DILCY NUMBER       MEROLING     AUTON     CLAMS VACE     DESCRIPTION OF OPERATIONAL DELITY       MEROLING     CLAMS VACE     DESCRIPTION OF OPERATIONAL DELITY     DESCRIPTION OF OPERATIONAL DELITY       MORTER BOUNDEL LIABUITY     OCCUF     CLAMS VACE     DESCRIPTION OF OPERATIONAL DELITY       MORTER BOUNDEL LIABUITY <th></th> <th></th> <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                             |                             |  |  |  |
| COVERAGES     Coverage     Cove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                             |                             |  |  |  |
| RECURRENENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT.<br>THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERM IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL CLAMS.<br>INRADOL<br>TYPE OF INSURANCE POLICIES DESCRIBED HERM IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL CLAMS.<br>INRADOL<br>TYPE OF INSURANCE POLICIES DESCRIBED HERM IS SUBJECT TO ALL THE<br>AGGREGATE LIMITS OF INSURANCE POLICY NUMBER<br>CONVERCIAL CEMERAL LIASUITY<br>A CONVERCIAL CEMERAL LIASUITY<br>CONVERCIAL CEMERAL LIASUITY<br>A CLAMS VACE POLICY DIDC<br>OENL ADGREGATE LIMIT APPLIES PER<br>X BOLICY DESCRIPTION<br>ALL OWNED AUTOS<br>SCHEDLED ALTOS<br>HON-OWED AUTOS<br>SCHEDLED ALTOS<br>HON-OWED ALTOS<br>HON-OWED ALTOS<br>CLAMS VACE<br>DESCRIPTION OF OPERATIONAL CEATIONS VACE<br>CENTORIEL<br>DESCRIPTION OF OPERATIONAL CEATIONS VACE<br>CLAMS VACE<br>DESCRIPTION OF OPERATIONAL CEATIONS VACE<br>CLAMS VACE<br>DESCRIPTION OF OPERATIONAL CEATIONS HILL EXERCLUSIONS ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND IS LISTED AS AN ADDED BY ENDORSEMENTAPE CLAL PROVISION<br>CITY OF POTLAND AS AN ADDED<br>PONCE AND ADDE ANY ADDED<br>PONCE AND ADDE ANY ADDED<br>PONCE AND ADDE ANY ADDED<br>PONCE AND ADDED<br>PONCE AND ADDE ANY ADDED<br>PONCE AND ADDED<br>PON                                                                                           |                                                                         | <u> </u>                                    |                             |  |  |  |
| GENERAL LASLITY     BP 0430988     3/17/2009       A     CLAMS VACE     X 0CUF     BP 0430988     3/17/2009       GENL AGOREGATE LMT APPLIES PER     CARAGE LASLITY     CARAGE LASLITY     CARAGE LASLITY       AUTOMOBILE LABILITY     AUTOMOBILE LABILITY     CARAGE LASLITY     CARAGE LASLITY       AUTOMOBILE LABILITY     AUTOMOBILE LABILITY     CARAGE LASLITY       AUTOMOBILE LABILITY     AUTOS     SCHEDULED AUTOS       SCHEDULED AUTOS     SCHEDULED AUTOS     SCHEDULED AUTOS       OCCUF     CLAMS VADE     CARAGE LASLITY       OCCUF     CLAMS VADE     COCUF       DEDUCTIELF     REFERITION S     COCUF       DEDUCTIELF     REFERITION S     CARAGE LASLITY       OCCUF     CLAMS VADE     CARAGE LASLITY       OFFICIENT     CARAGE LASLITY     CARAGE LASLITY       OFFICIENT <td< th=""><th>T TO WHICH THIS (<br/>HE TERMS. EXCLU</th><th>CERTIFICATE MAY E IS<br/>ISIONS AND CONT TIC</th><th>SUED OR MAY PE- TAIN</th></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T TO WHICH THIS (<br>HE TERMS. EXCLU                                    | CERTIFICATE MAY E IS<br>ISIONS AND CONT TIC | SUED OR MAY PE- TAIN        |  |  |  |
| GENERAL LASILITY     SQUARECIAL GENERAL LIASILITY       A     CLAIMS VACE       CLAIMS VACE     OCCUP       GENIL AGOREGATE LIMIT APPLIES PER       X     POLICY       ATTOMOBILE LIABILITY       ANT AUTO       SCHEDLED ALTOS       SCHEDLED ALTOS       NON-OWNED AUTOS       SCHEDLED ALTOS       DEDUCTIELF       REFERITION S       DEDUCTIELF       DEDUCTIELF       REFERITION S       WORKERS COMPRESENTION AND       WORKERS COMPRESENT AND       STATUS       DESCRIPTION OF OPERATIONAL CATIONAVEHICLESSEKCLUSIONS ADDED BY ENDORESEMENTAPECIAL PROVISION       CITY OF PORTLAND       SCHEDLED CONSCIONAL CATIONAVEHICLESSEKCLUSIONS ADDED BY ENDORESEMENTAPECIAL PROVISION       CITY OF PORTLAND       SCHEDLED CONSCIONAL CATIONAL CATIONAVEHICLESSEKCLUSIONS ADDED BY ENDORESEMENTAPECIAL PROVISION <th>E POLICY EXPIRATION<br/>DATE (MM/DO/Y*)</th> <th>· u</th> <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E POLICY EXPIRATION<br>DATE (MM/DO/Y*)                                  | · u                                         |                             |  |  |  |
| A     CLAIMS VADE     X     OCCUF     BP 0430988     B/17/2009       GENL AGGREGATE LIMIT APPLIES PER     DRO     DRO     DRO       GENL AGGREGATE LIMIT APPLIES PER     DRO     DRO       AUTONOBILE LIABILITY     ANY AUTO       ANY AUTO     SCHEDLED AUTOS       SCHEDLED AUTOS     NON-OWNEDAUTOS       SCHEDLED AUTOS     NON-OWNEDAUTOS       SCHEDLED AUTOS     NON-OWNEDAUTOS       DESCHEDIALED AUTOS     NON-OWNEDAUTOS       DESCHED AUTOS     CLAIMS VADE       DESCHEDIALED AUTOS     DESCHEDIALED AUTOS       VON-OWNEDAUTOS     CLAIMS VADE       DESCHEDIALED AUTOS     DESCHEDIALED AUTOS       VON-OWNEDAUTOS     CLAIMS VADE       DESCHEDIALED AUTOS     DESCHEDIALED AUTOS       VON-OWNER AUTOR     CLAIMS VADE       DESCHEDIALED S     DESCHEDIALED AUTOS       VONCAREDOWNER AUTON AND     EVENUE       DESCHEDIALED S     SECOLUDED OF       Type device under     SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                       | EACH OCCURRENCE                             | \$ 1,000,00                 |  |  |  |
| OERL AGGREGATE LIMIT APPLIES PER         ORIGE LABILITY         ANT ANTO         ALL OWNED AUTOS         SCHEDLIED ALTOS         INCAMEDIATIOS         ORRED AUTOS         SCHEDLIED ALTOS         INCAMEDIATIOS         ORRED AUTOS         INCAMEDIATIOS         ORRED AUTOS         INCAMEDIATIOS         OCCUR         OCCUR         CLAMS VADE         DEDICTIPLE         RED AUTOS         OCCUR         OCCUR         CLAMS VADE         DEDICTIPLE         REPLOYERS (LABUITY         ANY AUTO         ANY AUTO         DEDICTIPLE         REPLOYERS (LABUITY         ANY AUTO         DEDICTIPLE         REPLOYERS (LABUITY         ANY AUTO         OCCUR         DEDICTIPLE         REPLOYERS (LABUITY         ANY AUTO         DEDICTIPLE         REPLOYERS (LABUITY         ANY AUTO         STECOMPRESSION DATO         OCCUR       CLAMS VADE         OTHER       STECOMPRESSION DATO         DEBICRIFTION OF OPERATIONS/LOCATIONSADCATIONSADDED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         | PREMISES (Es boour 18)                      |                             |  |  |  |
| X     OULCY     PRO-<br>EEC     LOC       AUTONOBILE LABILITY     ANY AUTO       ALL OWNED AUTOS     SCHEDLED AUTOS       SCHEDLED AUTOS     SCHEDLED AUTOS       NRED AUTOS     SCHEDLED AUTOS       NRED AUTOS     SCHEDLED AUTOS       NRED AUTOS     SCHEDLED AUTOS       NRED AUTOS     SCHEDLED AUTOS       NON-ORNED AUTOS     SCHED AUTOS       DARAGE LABILITY     ANY AUTO       ANY AUTO     SCHED AUTOS       DEDUCTIBLE     CLAIMS VADE       DEDUCTIBLE     CLAIMS VADE       DEDUCTIBLE     CLAIMS VADE       DEDUCTIBLE     SCHED AUTOS       NORMERE COMPENSATION AND     SCHED AUTOERS       DESCRIPTION OF OPERATIONALOCATIONALERE EXECUTIVE     STECIAL PROVISIONS ES ON       OTHER     STECIAL PROVISIONS ADOED BY ENDORSEMENTIFIEDEDAL PROVISION       CITY OF PORTLand is listed as an additional insured.     SHOULD ANY C       City of Portland     SHE ANY COLD ANY C       SASP Congress Street     SHE ANY COLD ANY C       Portland, ME 04101     NURRE, ITAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8/17/2010                                                               | MEL IXE (Any one per on)                    |                             |  |  |  |
| X     OULCY     PRO-<br>SECT     LOC       AUTONOBLE LABILITY     AVAUTO       ALL OWNEDAUTOS     SOLONALED ALTOS       NOR-DALED ALTOS     NOR-DATOS       NOR-DATOS     NOR-DATOS       UNAMEDAUTOS     SOLONALTOS       NOR-GRELADUATOS     SOLONALTOS       DEDUCTIBLE     CLAINS VADE       DEDUCTIBLE     SECONSTRUCTION S       MORIGRE COMPENSATION AND     EMPLOYERS LABLITY       ANY REPORTION S     SECONSTRUCTION S       DESCRIPTION OF OPERATIONAL OCATIONALIZE     SECONSTRUCTION       OTHER     STECIAL PROVISIONS EDO       DESCRIPTION OF OPERATIONAL OCATIONAL OCATIONAL DESERCLUSIONS ADDED BY ENDORSEMENTRPECIAL PROVISION       CITY OF PORTLAND IS LISTER     SECONSTRUCTION       CITY OF PORTLAND IS LISTER     CANCELLATIC       CITY OF PORTLAND IS LISTER     SECONSTRUCTION       CITY OF PORTLAND IS LISTER     CANCELLATIC       SPECONSTRUCTION OF OPERATIONAL OCATIONAL OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         | PET THA BADVIN . 7(                         |                             |  |  |  |
| X     POLICY     PRO-<br>SECT     LOC       AUTONOBILE LIABILITY     ANY AUTO       ALL OWNEDAUTOS     SOLEDAUTOS       NREDAUTOS     NREDAUTOS       NREDAUTOS     NREDAUTOS       NREDAUTOS     NREDAUTOS       NREDAUTOS     NREDAUTOS       COLOR     CLAINS VADE       COLOR     CLAINS VADE       DESCRIPTION S     CLAINS VADE       VORIGRE COMPENSATION AND     EXCLOSED       PRE-ENTION S     VORIGRE COMPENSATION AND       EMPLOYERS LIABULTY     AVY AUTO       OCCUR     CLAINS VADE       DESCRIPTION S     VORIGRE COMPENSATION AND       EMPLOYERS LABULTY     AVY AUTO       OCCUR     CLAINS VADE       DESCRIPTION OF OPERATIONAL OCATIONSAEMED ESERCLUSIONS ADDED BY ENDORSEMENTRPECIAL PROVISION       CITYS OF PORTLAND IS LISTED     STECIAL PROVISIONS EDGO       OTHER     CANCELLATIC       CERTIFICATE HOLDER     CANCELLATIC       City of Portland is listed as an additional insured.     EMPRATON DA       City of Portland     Street       399 Congress Street     AVY OLIVICATION OF DAYS       Portland, ME 04101     NURRE, ITAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | BEN: TALAGGREGATE                           | ₹ 2,000,0<br>30 \$ 2,000,0L |  |  |  |
| AUTONOBILE LABILITY         ANY AUTO         ALL OWNEDAUTOS         SCREXLED ALTOS         INCAMEDAUTOS         SCREXLED ALTOS         INCACAMEDAUTOS         SCREXLED ALTOS         INCACAMEDAUTOS         SCREXLED ALTOS         INCACAMEDAUTOS         INCACAMEDAUTON         INCOLOR         IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | PROTECTS COMPA P AG                         |                             |  |  |  |
| ALL OWNED AUTOS     SCHEDILED ALTOS       SCHEDILED ALTOS     HRED AUTOS       HRED AUTOS     HON-O ANED AUTOS       DARAGE LABILITY     ANY AUTO       ANY AUTO     DEDUCTION       DEDUCTION     CLAINS VADE       DEDUCTION     SCHEDUCTION       MORKER COMPENSATION AND     EMPLOYERS' LUBUITY       ANY POPETOR FUNCTIONER EXECUTIVE     OFFICE WOMBER EXECUDED       OFFICE WOMBER EXECUDED     TOWN       JUSS GENERATION OF OPERATIONS/LOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENT//FPECIAL PROVISION       CITY OF PORTIAND IS LISTED AN     SHOULD ANY C       CERTIFICATE HOLDER     CANCELLATIC       City of Portland     SHOULD ANY C       SHORT ON OF OPERATIONS/LOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENT//FPECIAL PROVISION       City of Portland     SHOULD ANY C       SHOULD ANY C     SHOULD ANY C       SHOULD ANY C     SHOULD ANY C       City of Portland     JO       389 Congress Street     DAYS M       Portland, ME 04101     NUMER, ITS OF ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>+</u>                                                                | DOM: O SINGLELIMIT                          |                             |  |  |  |
| SCHEDILED AUTOS     INRED AUTOS       INCH-DAMED AUTOS     INCH-DAMED AUTOS       DARAGE LABILITY     ANY AUTO       ANY AUTO     INCH-DAMED AUTOS       DEDICTIBLE     CLAIMS VADE       DEDICTIBLE     CLAIMS VADE       DEDICTIBLE     CLAIMS VADE       DEDICTIBLE     INCH-DAMED AUTOS       WERKER SOMPENANDN &     INCH-DAMED AUTON       MUCHAER SOMPENANDN &     INCH-DAMED AUTON       MUCHAER SOMPENANDN &     INCH-DAMED AUTON       MUCHAER SOLUTION AND     INCH-DAMED AUTON       EMPLOYERG'LUBLE     INCH-DAMED AUTON       ANY PROPRETOR-AUTONALOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENTRPECIAL PROVISION     INCH-DAMED AUTON       OTHER     INCH-DAMED AUTON     SHOULD ANY C       CERTIFICATE HOLDER     CANCELLATIC       City of Portland     SHOULD ANY C       SHOULD ANY C     INSURER, ITSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         | └─ <u>→</u> <u>→</u> ─── ── ── ── ── ── ──  |                             |  |  |  |
| nRED AUTOS         NON-OWNED AUTOS         CARAGE LABULTY         ANY AUTO         EXCESSIONERELLALUABILITY         OCCUR         CLAIMS VADE         DEDUCTIBLE         RETENTION &         WORKER COMPONENTION AND         EMPLOYERST LALUABILITY         ANY PROPERTOR-AND         EMPLOYERST LALUABLITY         ANY PROPERTOR-AND         EMPLOYERST LALUABILITY         ANY PROPERTOR-AND         EMPLOYERST LALUABLITY         ANY PROPERTOR-AND         SECOLEPTOR-ANDIMENTARY EXECUTIVE         OFFICE NUMBRIE EXCLUDED?         THER         DESCRUPTION OF OPERATIONALOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENTRPECIAL PROVISION         CITY OF PORTLAND         CERTIFICATE HOLDER         CANCELLATIC         SHOULD ANY C         SHOULD ANY C         SHOULD ANY C <td></td> <td>Perpe in)</td> <td>ŧ</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         | Perpe in)                                   | ŧ                           |  |  |  |
| Implementation       Implementation         Implementation       Implementa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | BODILA IN IRY                               |                             |  |  |  |
| OARAGE LABILITY     ANY AUTO       ANY AUTO     EXCESSIONERELLA LABUTY       OCCUF     CLAIMS VADE       OCCUF     CLAIMS VADE       OEDMOTHELF     RETENTION & S       WORKERS COMPONSATION AND     EVPLOYERS' LABUTY       OFFICERMEDIA &     OFFICERMEDIA S       OFFICERMEDIA & S     OFFICERMEDIA S       CERTIFICATE HOLDER     CANCELLATIC       City of Portland     Stout Any C       Sigge Congress Street<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                       | Procader 1                                  | ŧ                           |  |  |  |
| ANY ALTO         EXCESSIONERELIA LIABILITY         OCCUF       CLAIMS VADE         DEDIVICTIBLE         RETENTION &         WORKER COMPENSATION AND         EMPLOYERS' LABILITY         ANY PROPETORY PARTIERREXECUTIVE         OFFICER/MEMBER EXECUDED?         TYPE describe incer         STECIAL EPONISIONSALOCATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION         CITY of PORTLand is listed as an additional insured.         CERTIFICATE HOLDER         City of Portland         Street         Portland, ME         OALDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | = OPERTY Dr 4AGE<br>Peracodent;             | ¢                           |  |  |  |
| EXCESSIONERELLA LIABILITY       OCCUF       CLAIMS VADE       DEDIVICTIBLE       RETENTION &       WORKER COMPENSATION AND       EMPLOYERS' LABILITY       ANY PROPETORS/PATINER/EXECUTIVE       OFFICES/MEMBER EXECUDED?       TYPE describe inter       STECIAL EPOVISIONS/COLOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION       CITY OF PORTLand is listed as an additional insured.       CERTIFICATE HOLDER       City of Portland       Street       Portland, ME       OALDI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>_</b>                                                                | NUTU ONLY EAR SCIDEN                        | IT \$                       |  |  |  |
| OCCUP       CLAMS VADE         DEDUCTBLF         RETENTION \$         WORKERS COMPENSATION AND         EWPLOYERS' LABILITY         ANY PROPRETORFARTINER/EXECUTIVE         OFFICERMEMBER EXCLUDEDS         Types describe under         SPECIAL PROVISIONS ADDED BY ENDORSEMENT/RPECIAL PROVISION         OTHER         DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/RPECIAL PROVISION         CITY OF PORTLand is listed as an additional insured.         CERTIFICATE HOLDER       CANCELLATIC         City of Portland       SHOULD ANY C         SHOULD ANY C       EXPRATION DA         389 Congress Street       10 Days M         Portland, ME 04101       INSURER, ITS AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                             | <u>cc 1</u>                 |  |  |  |
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| OTHER         DEECRIFTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISION         City of Portland is listed as an additional insured.         CERTIFICATE HOLDER       CANCELLATIC         SHOULD ANY C       SHOULD ANY C         SHOULD ANY C       EXPIRATION DA         389 Congress Street       10 Days W         Portland, ME 04101       INSURER, ITS AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                             |                             |  |  |  |
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| City of Portland is listed as an additional insured.  CERNFICATE HOLDER  City of Portland  389 Congress Street  Portland, ME 04101  INSURER, ITS AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                                             |                             |  |  |  |
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| City of Portland     SHOULD ANY C       389 Congress Street     10       Portland, ME     04101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DNS                                                                     | EL DIBEASE - EA EMPLOY                      |                             |  |  |  |
| City of Portland EXPRATION DA<br>389 Congress Street<br>Portland, ME 04101<br>INSURER, ITS AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                                             |                             |  |  |  |
| 389 Congress Street     10 Days Will       Portland, ME 04101     CAILURE TO DO INSURER, ITS AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE      |                                             |                             |  |  |  |
| Portland, ME 04101 SAILURE TO DO I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EXPIRATION DATE THEREOF, THE ISCUING INSURER WILL ENDEAVOR TO MAIL      |                                             |                             |  |  |  |
| INSURER, IT'S AGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                             |                             |  |  |  |
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| Gregg Ritte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | - The                                       |                             |  |  |  |
| ACORD 25 (2001/08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                                             | D CORPORATION 19            |  |  |  |



# **OUTDOOR DINING PERMIT CHECKLIST**

Permits are required for expanding food service establishments to the outside on City Property. The annual fee is \$80.00 plus \$2.00 per square foot of dining area on streets, sidewalks or other public ways and \$80.00 plus \$6.00 per square foot of dining area in city parks. For purposes of fee calculation, the area abutting the buildings which border Monument Square and extending ten (10) feet from the facade of said buildings shall be considered a sidewalk. The ten (10) foot area shall be measured from that portion of the facade that protrudes furthest into the sidewalk. The area beyond the ten (10) foot sidewalk shall be considered park space.

Outdoor dining is permitted year round under the permit; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. The permit must be renewed each year.

All of the following information is required and must be submitted. You will also be required to fill out an Outdoor Dining Permit Application.

### A plot plan is required and must include:

- □ A drawing of the lot, where the building sits on the lot along with the lot and building dimensions
- The dimensional setback from the sidewalk to the building
- The location of the street, and if it's a corner lot, the intersecting streets
- □ The sidewalk along with its width and curbing location
- □ The location of the table and chair placement, including dimensions (NOTE: there must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on corners, and egress from the building must be maintained free of obstruction per the building code and NFPA Life Safety Code).

### Additional Requirements:

The permit holder is required to produce, at the time of submission, and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.

### All permits for outdoor dining are issued subject to the following conditions:

□ The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced permitted area or a revocation of the permit.

- □ The permit holder is responsible for keeping the outdoor seating area clean. The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.
- $\Box$  No food shall be prepared outside.
- □ If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
- □ All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.
- □ The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.

### Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk or park space, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use there from, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Date: <u>5/13/</u>10 Signed and acknowledged: Printed name \_\_\_\_ Establishment ME Location \_ 43

MIDDLE STREET

