

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND BUILDING PERMIT



05/23/2012

This is to certify that Port City Apartments

Located At 334 FORE ST

Job ID: 2012-05-3945-SIGN

CBL: 029- C-003-001

has permission to install an Awning for "Lovely Things" retail establishment.

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED. A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

**Fire Prevention Officer** 

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY PENALTY FOR REMOVING THIS ARD

If you or the property owner of	Awning Permit A Dependent of personal property ta arrangements must be made before personal	145 -	er charges on an	ny repted.
Location/Address of Construction: 33	32 Fore St.		3-	5
Tax Assessor's Chart, Block & LotChart#Block#Lot#Cov3Cov3	Owner: Peter Colesworthy	0	Telephone: 207-831-	0735
Lessee/Buyer's Name (If Applicable) SUSAN Brown	Contractor name, address & telephone: Steve Eberle Canvas Works 8 Bragdon Lane Kennebunk, ME 04043 207-985-2419	Per s.f. plus For H.D. s Fee: \$ Awning 1	f signage x \$2.00 s \$30.00 ignage \$75.00 Fee= cost of wor e: <b>\$ 40</b> , <b>D</b>	20165 1k <u>1443</u> 15
Current Specific use: <u>Retail Stov</u> If vacant, what was prior use: Proposed Use: <b>Information on proposed sign(s):</b> Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes	eet): Length:          Single Tenant or Multi Tenant Lot          CC          H:sbrcal       PAs         No          Dimensions proposed:          indentified Versions       No	5D ; (Q Heigh	5)2 - 489) at from grade:	201
Height of awning: <u>24'</u> Length of Is there any communication, message, trader If yes, total s.f. of panels w/communications, <b>Information on existing and previously perm</b> Freestanding (e.g., pole) sign? Yes Bldg. wall sign? (attached to bldg) Yes Awning? Yes No Sq. ft. are A site sketch and building sketch showing e Sketches and/or pictures of proposed signa	ark or symbol on it? Yes No s.f message, trademark or symbol: s.f nitted sign(s): No Dimensions: No Dimensions: A No Dimensions: A No Dimensions: A a of awning w/communication: xactly where existing and new signage is h	ocated mus		pections Naine

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:	Suran E Brown	Date: 4-30-12

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



Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Receipts Details:

**Tender Information:** Check , Check Number: 1374 **Tender Amount:** 40.00

Receipt Header:

Cashier Id: bsaucier Receipt Date: 5/8/2012 Receipt Number: 43709

Receipt Details:

Referance ID:	6438	Fee Type:	BP-Constr
Receipt Number:	0	Payment	
		Date:	
Transaction	40.00	Charge	40.00
Amount:		Amount:	
Job ID: Job ID: 2012	2-05-3945-SIGN - Awning for Lovely Things		
Additional Comm	ents: 334 Fore		

Thank You for your Payment!

		THIS OF	TELCATE IO LOOK		06-02-2010			
NODUCER	TNC/DHC	ONLY ANI	CONFERS NO	JED AS A MATTER OF RIGHTS UPON THE CEP	TIFICATE			
NORTHEAST AGENCIES		ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR						
01 WOODS PARK DRIV	730 F: (800) 300-3433	ALIENIN	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
LINTON NY 13323	5		INSURERS AFFORDING COVERAGE					
and a second designed and a second designed as a second designed as a second designed as a second designed as a	and the second s	Contract Co	INSURER & Sentinel Ins Co LTD					
SURED			merner Ti					
OVELY THINGS LLC		INSURER D:						
32 FORE ST		INSUMER C:						
ORTLAND ME 04101		INSURER E:	INSURER D:					
		INSUMEN E:						
OVERAGES	BELOW HAVE BEEN ISSUED TO THE I	SILIDED NAMED AR	OVE FOR THE POL	CV DEDICO INDICATED N	THITHETANDING			
ANY REQUIREMENT, TERM OF COND	NTION OF ANY CONTRACT OR OTHER I ORDED BY THE POLICIES DESCRIBED H VN MAY HAVE BEEN REDUCED BY PAID	DORCUMENT WITH A	ESPECT TO WHICH	THIS CEPTIFICATE MAN				
R TYPE OF INSURANCE	POLICY NUMMER	DATE MMADDYY	DATE MADOVYV	LIMIT	7			
GENERAL LIABILITY				EACH OCCURRENCE	1,000,000			
COMMERCIAL GENERAL LIABILITY	01 SBA A07408	04/23/10	04/23/11	FIRE DAMAGE (Any one fire)	1,000,000			
CLAIMS MADE X OCCUR				MED EXP (Any one person)	10,000			
X General Liab				PERSONAL & ADV INJURY	1,000,000			
		Ι.		GENERAL AGGREGATE	,2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	12,000,000			
AUTOMOBILE LANDITY				COMBINED SINGLE LIMIT (Es socident)	•			
ALL OWNED AUTOS				BODILY INJURY (Per person)	•			
HIRED AUTOS				BODILY INJURY (Per accidant)				
				PROPERTY DAMAGE (Per eccident)	•			
GARAGE LIADAUTY				AUTO ONLY - EA ACCIDENT	0			
ANY AUTO		1		OTHER THAN TA ACC	*			
				AUTO ONLY: AGG				
EXCESS LIABLITY				EACH OCCURRENCE	1			
OCCUR CLAIMS MADE				AGGREGATE	1			
USEDUCTIOLE								
RETENTION .					8			
WONDERS COMPENSATION AND				WC STATU- TORY LIMITS ER				
ENDE OVERS' LIABILITY				E.L. EACH ACCIDENT	0			
				E.L. DISEASE - EA EMPLOYEE	3			
1				E.L. DISEASE - POLICY UMIT	•			
UTARA								
	LESNEXCLUSIONS ADDED & Y ENDORSEMENT/SP							

CERTIFICATE HOLDER X ADDITIONAL ANSURED; INSUREN LITTER: A	CANCELLATION
City of Portland CONGRESS ST	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.
PORTLAND, ME 04101	AUTHONIZED ROMESENTATIVE

ACURT 25.5. (7,07)

ACORD CORPORATION 1988

### PORT CITY APARTMENTS P.O. B-ox 10563 Portland, ME 04104

April 30, 2012

Ms. Susan Brown Lovely Things 332 Fore Street Portland, ME 04101

RE: Landlord's Approval of Awning

Dear Susan:

As the owner of the building at 332-334 Fo re Street, we hereby approve your design of a 24" x 24" awning to go above the exterior centrance door to "Lovely Things". Note that all awning work is at your expense. Further, you are responsible for obtaining municipal approvals and permits as required by local circlinances.

Your awning will complement the very tastieful appearance that you have created within the store. Please call me at 846-6594 (officie) or 831-0735 (cell) if I can be of further assistance.

Sincerely,

Yothe coleman

Peter Colesworthy President

Fore Street Portland, ME



Awning - No Signage Awning Shown or Approved on it

Front Facade

Thursday, April 19, 2012 Canvasworks Inc.

Salesperson: STEVE EBERLE CANVASWORKS, INC. 8 BRAGDON LANE KENNEBUNK, ME 04043 Phone: 985-2419 Fax: SAME E-Mail: canvas@canvasworksinc.com



VIAUAE CER	THEAT	ATION EX		
		1		
Date: 5/21/1	0	868	and the second se	-
Drawing #		Support and the support of the suppo	STANDARD BAYN, SCAL	ØF
Rev #: 1	Re	v Dat	: 5/25	/10
Apprv'd by:				
<ul> <li>d/f 2214" × 2</li> <li>eign</li> <li>2" route</li> <li>substand</li> </ul>	ed Sil ed Sil ier log v Engl i = Mc irtica ket to ed to	anfoan aintea and se and se del: Es bullain B BFEVE BUILAIN	red oval 19 HDU 19 Matel rles sero 96 #684 rts weld Rt swing	

This design is the exclusive property of **Sign Concepte**, LLC, and cannot be capied, exhibited, or shown to anyone outside of your organization without the prior consent of **Sign Concepte**, LLC. Copyright © 2010

# Canvasworks

CUSTOM MARINE • AWNIENGS • SECURITY SHUTTERS April 11, 2012

Lovely Things Susan Brown 332 Fore Street Portland, Maine 04101 207-771-5450 847-814-0703

### Canvasworks, Inc. proposes the follo wing custom awning project for your store front at 332 Fore Street, in Portland, Maine.

**Troject Scope.** Convasiontes, Inc. will failbricate and install one (1) custom welded, entrance canopy style awning for your storrefront entry area. Awning cover will be Sunbrella and Sattler acrylic, and fabric w ill be sent out to be treated for fire-redundancy, with certificate to be supplied to code department.

Size: 64" wide x 24' high x 24" projection out from the building.

**Frame Materials:** 16 gauge "Gatorshield" triple dipped galvanized 1" square awning tubing welded on all four sides, ground sn nooth and re-cold galvanized.

**Cover Fabric:** Sunbrella acrylic #4975, color is Gaston Sea glass, for the main body of the awning, and a double valance fabricated from: Sunbrella #4612 Aruba bound in a light blue trim, and a second valance using Sattler #314-030 Brown, with teal binding.

Valance: Double valance as outlined above.

Permits: All permits are by owner.

Cost of awning installed:	\$1,375.00
5% Maine Sales Tax	68.75
Total with Tax	\$1,443.75

#### General Notes:

1. All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and/or other necessar y insurance. Our workers are fully covered by Workman's Compensation Insurance.

8 Bragdon Lane • Kennebunk, ME 04043 Phone / Faix 207-985-2419 www.canvasworksinc.com • canvas@canvasworksinc.com

DOES NOT AFFIRMA CERTIFICATE OF II IVE OR PRODUCER, In the certificate holds onditions of the poli- or in lieu of such end avings Insuran Road ME ( INC E N ME ( CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA	ATVEL ISURA AND T AND T Fr Is ar Cy, cert Drseme ACCE ACCE ACCE ACCE ACCE ACCE ACCE ACC	Y OF NCE HE C ADI tain p ent(s) CATE INSUI CATE CATE	30 ENUMBER:CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	EXTEND OR ALT TE A CONTRACT policy(les) must b indorsement. A stat CONTACT Megan : PHONE (AJC, No, Ext): (207 E-MAIL ADDRESS: Megan . PRODUCER CUSTOMER ID # 0000 IN INSURER A Maine INSURER A Maine INSURER D : INSURER D : INSURER D : INSURER E : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRACT	e endorsed. tement on th Murphy CI: 985-2941 murphy@ker 08054 surer(s)AFFOR Mutual	VERAGE AFFORDED B HE ISSUING INSURER If SUBROGATION IS W Is certificate does not c SR FAX (A(C, NO): nnebunk savings.cc EDING COVERAGE REVISION NUMBER: D NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	HE PCC	HE POLICIES AUTHORIZED D, subject to r rights to the 985-3122 NAIC # 15997 11149 DLICY PERIOD D WHICH THIS
ONDITIONS OF SUCH ON THE ONDITIONS OF SUCH ON THE ONDITIONS OF SUCH ON THE ONDITIONS OF SUCH OF INSURANCE	04043 04043 04043 04043 04043 04043 04043 04043 04043 04043 04043 04043	3-72 CATE INSUF CATE CAIN, CIES, SUBR	30 SOLUTION STATES STAT	INSURER C: INSURER C: INSURER C: INSURER F: 1929 VE BEEN ISSUED TO OF ANY CONTRACT DE SUED TO INSURER C: INSURER C:	Murphy CI: 985-2941 murphy@ker 98054 surer(s) Affor Mutual	Is certificate does not c SR FAX (AIC, No): nnebunk savings.co bing coverage BING coverage REVISION NUMBER: D NAMED ABOVE FOR DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	HE PC	985-3122           NAIC #           15997           11149           OLICY PERIOD           DUICY PERIOD           OWHICH THIS
AVINGS INSURAL Road ME ( INC E N ME ( CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	04043 CRTIFIC ES OF REQUIR Y PERT H POLI	CATE CATE CATE CATE CATE CATE CATE	30 ENUMBER:CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	PHONE (A/C, No, Ext): (207 (A/C, No, Ext): (207 (A/DRESS: megan. PRODUCER USURER B INSURER A Maine INSURER A MAINE INSURER B INSURER C: INSURER C: INSURER C: INSURER F: 929 VE BEEN ISSUED TO OF ANY CONTRAC OF ANY CONTRAC DED BY THE POLICIE BEEN REDUCED BY	985-2941 murphy@ker 98054 surer(s) Affor Mutual	FAX (AIC, No): (AIC, No): DING COVERAGE (AIC) (A		NAIC # 15997 11149 DLICY PERIOD
Road ME ( INC E N ME ( CI TIFY THAT THE POLICI WITHSTANDING ANY AY BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	04043 04043 ERTIFIC ES OF REQUIR Y PERT H POLI IADDU	CATE INSUR EMEL AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	PHONE (A/C, No, Ext): (207 (A/C, No, Ext): (207 (A/DRESS: megan. PRODUCER USURER B INSURER A Maine INSURER A MAINE INSURER B INSURER C: INSURER C: INSURER C: INSURER F: 929 VE BEEN ISSUED TO OF ANY CONTRAC OF ANY CONTRAC DED BY THE POLICIE BEEN REDUCED BY	985-2941 murphy@ker 98054 surer(s) Affor Mutual	FAX (AIC, No): (AIC, No): DING COVERAGE (AIC) (A		NAIC # 15997 11149 DLICY PERIOD
Road ME ( INC E N ME ( CI TIFY THAT THE POLICI WITHSTANDING ANY AY BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	04043 04043 ERTIFIC ES OF REQUIR Y PERT H POLI IADDU	CATE INSUR EMEL AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	E-MAIL ADDRESS megan. PRODUCER CUSTOMER ID # 0000 IN INSURER A Maine INSURER A MEMIC INSURER C : INSURER C : INSURER E : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRAC OF ANY CONTRAC DED BY THE POLICIE BEEN REDUCED BY	MUTPhy@ker 08054 surer(s) AFFOR Mutual O THE INSURE O THE INSURE O THE INSURE S DESCRIBEL 'PAID CLAIMS	IN EVISION NUMBER: DING COVERAGE REVISION NUMBER: D NAMED ABOVE FOR DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO		NAIC # 15997 11149 DLICY PERIOD
ME ( INC E N ME ( CI WITHSTANDING ANY AY BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	D4043 ERTIFIC ES OF REQUIR Y PERT H POLI	CATE INSUR EMEL AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER A Maine INSURER B MEMIC INSURER C : INSURER C : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRACT OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	D THE INSURE O THE INSURE OR OTHER I S DESCRIBEI	REVISION NUMBER: D NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	HE PC	15997 11149 DLICY PERIOD
INC E N ME CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	D4043 ERTIFIC ES OF REQUIR Y PERT H POLI	CATE INSUR EMEL AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER A Maine INSURER B MEMIC INSURER C : INSURER C : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRACT OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	D THE INSURE O THE INSURE OR OTHER I S DESCRIBEI	REVISION NUMBER: D NAMED ABOVE FOR TI DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	HE PC	15997 11149 DLICY PERIOD
E N CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER A Maine INSURER B MEMIC INSURER C : INSURER C : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRAC ED BY THE POLICIE BEEN REDUCED BY	Mutual D THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	REVISION NUMBER: D NAMED ABOVE FOR TI DOCUMENT WITH RESPE DHEREIN IS SUBJECT TO	CT TO	DLICY PERIOD
E N CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER C : INSURER D : INSURER E : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	D THE INSURE TOR OTHER I S DESCRIBEI PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	
E N CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER D : INSURER E : INSURER F : 929 VE BEEN ISSUED TO OF ANY CONTRACT OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
ME ( CI TIFY THAT THE POLICI WITHSTANDING ANY YY BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER E : INSURER F : 1929 VE BEEN ISSUED TO OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
ME ( CI CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE TTY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	INSURER F: 929 VE BEEN ISSUED TO OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
CI TIFY THAT THE POLICI WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	RTIFIC ES OF REQUIS Y PERT	CATE INSUE REME AIN, CIES.	E NUMBER: CL1232700 RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	929 VE BEEN ISSUED TO OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
TIFY THAT THE POLICI WITHSTANDING ANY AY BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE ITY AL GENERAL LIABILITY	ES OF REQUIE Y PERT H POLI	INSU REME TAIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEEN ISSUED TO OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO	WHICH THIS
WITHSTANDING ANY Y BE ISSUED OR MA D CONDITIONS OF SUC E OF INSURANCE TY AL GENERAL LIABILITY	Y PERT	CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS
	ADDL	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)				
					POLICY EXP (MM/DD/YYYY)	LIMIT	S	
				· · · · · · · · · · · · · · · · · · ·		EACH OCCURRENCE	\$	1,000,00
S-MADE X OCCUR	1			11 /17 /2011	11/17/2012	PREMISES (Ea occurrence)	\$	500,00
,			BP10976704	11/1//2011	11/1//2012	MED EXP (Any one person)	\$	5,00
	-					PERSONAL & ADV INJURY	\$	1,000,00
	-					GENERAL AGGREGATE	\$	2,000,00
TE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,00
PRO- JECT LOC						COMBINED SINGLE LIMIT	\$	
BILITY						(Ea accident)	\$	1,000,00
			KA10976704	11/17/2011	11/17/2012	BODILY INJURY (Per person)	\$	
AUTOS			ALLOS TO TOLE	11/1//2011		BODILY INJURY (Per accident)	\$	
AUTOS						PROPERTY DAMAGE	\$	
							\$	
DAUTUS							\$	1,000,00
						EACH OCCURRENCE	\$	
	DE							
E	-							
	0		KU10976704	11/17/2011	11/17/2012			
ENSATION						WC STATU- TORY LIMITS ER		
R/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,00
)			1810030889	3/6/2012	3/6/2013	E L. DISEASE - EA EMPLOYEE	\$	500,00
der F OPERATIONS below						E L. DISEASE - POLICY LIMIT	\$	500,00
	S AUTOS AUTOS AB CLAIMS-MAI CLAIMS-MAI S 10,00 ENSATION CLABILITY FRATINERE/EXECUTIVE FRATINERE/EXECUTIVE FOR COPERATIONS below	S AUTOS AUTO	S AUTOS AUTO	S AUTOS AUTO	S AUTOS AUTO	S AUTOS AUTO	S AUTOS AUTO	S AUTOS AUTO

