NEOKSIG-01

JBELANGER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

8/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: RODUCER PHONE (A/C, No, Ext): (207) 783-2246 E-MAIL FAX (A/C, No): (207) 782-7881 hampoux Insurance Agency O Box 220 ewiston, ME 04243-0220 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Patriot Insurance Company 32069 INSURER B: Frankenmuth Mutual Ins. Co. 13986 VSURED INSURER C: Neokraft Signs, Inc. and NK Equipment LLC INSURER D 686 Main St Lewiston, ME 04240 INSURER E: INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY 5 DAMAGE TO RENTED PREMISES (Ea occurrence) 09/01/2015 500,000 09/01/2014 CLAIMS-MADE | X | OCCUR CPP6164784 \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY S 2,000,000 \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY S OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 **AUTOMOBILE LIABILITY** 09/01/2014 BODILY INJURY (Per person) \$ BA 6164784 09/01/2015 3 Х ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** S AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS 5 5,000,000 UMBRELLA LIAB EACH OCCURRENCE Х Х OCCUR 5,000,000 09/01/2015 09/01/2014 S **EXCESS LIAB** CPP6164784 AGGREGATE 7 CLAIMS-MADE 10,000 s DED X RETENTIONS PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT S ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A s E.L. DISEASE - EA EMPLOYEE (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) roject: Portland international Jetport, 1001 Westbrook St, Portland, ME August 1, 2012 Purchase Agreement CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland, Maine City Hall 389 Congress St AUTHORIZED REPRESENTATIVE Portland, ME 04101