**NEOKSIG-01** 

**JBELANGER** 

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2012

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

	certificate holder in lieu of such endo	rseme	nt(s	).					_	
PR	ODUÇER	1,401000000			CONTACT NAME:					
Champoux Insurance Agency 416 Sabattus St PO Box 220 Lewiston, ME 04243-0220					PHONE (A/C, No, Ext): (20	7) 783-2246	FAX IAIC. N	1: (207	782-7881	
					E-MAIL ADDRESS:	•	110-710			
					ADDRESS.	INSURER(S) AFFO	ORDING COVERAGE		NAIC#	
			INSURER A : Patriot Insurance Company				32069			
INS	URED	INSURER B :								
Neokraft Signs, Inc. and NK Equipment LLC 686 Main St 686 Main St Lewiston, ME 04240  COVERAGES CERTIFICATE NUMBER:					INSURER C:					
					INSURER D :					
					INSURER E :					
					INSURER F:  REVISION NUMBER:					
T II	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES OF REQUIF PERT	INS REMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONT	RACT OR OTHE LICIES DESCRI	IRED NAMED ABOVE FOR R DOCUMENT WITH RES BED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSF LTR		ADDL	SUBR		POLICY E	POLICY EFF POLICY EXP			LIMITS	
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY		5	1,000,000	
A	1	х	CPP6164784		9/1/2012	2 9/1/2013	EACH OCCURRENCE DAMAGE TO RENTED	-	250,000	
		^			3/1/201	3/1/2010	PREMISES (Ea occurrence)	5	15,000	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	5	The state of the s	
							PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					1	PRODUCTS - COMP/OP AGO	5 5	2,000,000	
	POLICY JECT LOC		-				COMBINED SINGLE LIMIT	3	4 000 000	
A	AUTOMOBILE LIABILITY		BA6164784		9/1/2012		(Ea accident)	\$	1,000,000	
	X ANY AUTO ALL OWNED SCHEDULED					9/1/2013	80DILY INJURY (Per person)	+		
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	-		
	HIRED AUTOS AUTOS						(Per accident)	\$		
		-						\$		
Α.	X UMBRELLA LIAB X OCCUR		1				EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			TBD	9/1/2012	9/1/2013	AGGREGATE	\$	5,000,000	
	DED RETENTION\$						L MC CTATU L LOY	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						WC STATU- OTH			
- 7					1		E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)				1		E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L. DISEASE - POLICY LIMIT	5		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL of Portland is included as an additional						d by the named insured.			
ERTIFICATE HOLDER					CANCELLATION					
City of Portland City Hall 389 Congress St Portland, ME 04101					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	FOILIAND, ME 04101				AUTHORIZED REPRESENTATIVE					
					(Jme) Sehriger					