

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/19/2016

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(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).

PRODUCER	CONTACT Denise Corriveau				
Avery Insurance	PHONE (A/C, No, Ext): (603) 569-2515 FAX (A/C, No): (603) 5	69-4266			
21 South Main Street	E-MAIL ADDRESS: denisec@averyinsurance.net				
PO Box 1510	INSURER(S) AFFORDING COVERAGE	NAIC #			
Wolfeboro NH 03894-1510	INSURER A Main Street America Assurance	29939			
INSURED	INSURER B NGM Insurance	14788			
CCG Signs LLC, DBA: Portsmouth Sign Co	INSURER C MSA Group				
19 Nimble Hill Rd	INSURER D:				
	INSURER E :				
Newington NH 03801	INSURER F:				
COVERAGES CEPTIFICATE NUMBER 16/17 Mactor					

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.

INSR LTR	TYPE OF INSURANCE	ADDL				POLICY EXP (MM/DD/YYYY)		e		
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NOWIDER	(IMINI/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X OCCUR			l l			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	X BPM3100 12/07 AI	Х		BPF8310Y	2/11/2016	2/11/2017	MED EXP (Any one person)	\$	10,000	
	x BP0497 01/06 WOS						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:		************				Printers Errors & Omissions	\$		
	AUTOMOBILE LIABILITY		B1F8310Y	3 3 33300000000000000000000000000000000	2/11/2016	2/11/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
В	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$		
	AUTOS AUTOS			B1F8310Y			BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
-							HNTL	\$		
	X UMBRELLA LIAB X OCCUR			CU0001 04/13 Form			EACH OCCURRENCE	\$	2,000,000	
В	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000	
	DED X RETENTION\$ 10,000			CUF8310Y	2/11/2016	2/11/2017		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A			3A States: NH			X PER OTH- STATUTE ER		
~	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH) If yes, describe under			WCF8310Y	2/11/2016	2/11/2017	E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
A	Leased & Rented Equipment			BPF8310Y	2/11/2016	2/11/2017	Limit		\$100,000	
	Form 64-8767						Max 30 Days			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) David Caswell & Hollis Caswell Excluded from Workers Compensation Coverage.

Coverage as per terms and conditions of policy. This certificate of insurance is issued as a matter of information only and convers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms exclusions, and conditions afforded by the policy or policies referenced herein.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 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.
€	AUTHORIZED REPRESENTATIVE
	Thomas O'Dowd/DENISE

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