

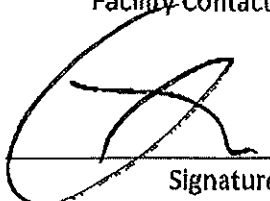
Portland, Maine



Yes. Life's good here.

David J. Jackson
Fire Chief, Fire Department

Portland Fire Department
Permit for Pyrotechnic Display

<u>8/5/17</u>	<u>9:30 pm</u>	<u>House Island</u>
Date of Display	Time(s) of Display(s)	Location of Display
<u>Patricia Levesque</u>	<u>2907</u>	<u>207-240-1428</u>
Name of Licensed Technician	Maine License Number	Technician's Phone Number
<u>Cary Wright</u>	<u>2950</u>	<u>207-240-3613</u>
Assistant Shooter	Assistant Shooter's License Number	Assistant Shooter's Phone Number
<u>Kelly/Brian Flaherty</u>		<u>207-712-6896</u>
Sponsor		Sponsor's Phone number
<u>THE Insurance Comany</u>	<u>\$10,000,000</u>	<u>2659</u>
Insurance Carrier	Limits	Certificate Number
<u>Charlie Haddock</u>		<u>207-310-1630</u>
Facility Contact Person		Contact Phone Number
 Signature		<u>8/1/17</u> Date

*This permit is valid only for the date and location listed and must be accompanied with a permit from the Maine State Fire Marshal's Office. Pyrotechnics must comply with NFPA 1, *Uniform Fire Code* and NFPA 1126, *Standard for the Use of Pyrotechnics Before a Proximate Audience*. Non-compliance will constitute grounds for Immediate revocation of this permit. The permit is not valid without and approved signature.

\$141-
Fee Paid

Capt. [Signature]
Authorized Signature

08/03/17
Date



STATE OF MAINE - DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
45 COMMERCE DR STE 1
AUGUSTA, ME 04333-0001

Permit for Outdoor Fireworks Display

Permit: SHW11080

In accordance with the provisions of M.R.S.A. Title 8, Chapter 227-A, permission is hereby granted to conduct a supervised outdoor fireworks display as follows:

Show: FLAHERTY WEDDING AT HOUSE ISLAND
Sponsor: BRIAN FLAHERTY, KELLY FLAHERTY
Location: 148 COMMERCIAL STREET, ON HOUSE ISLAND, PORTLAND, ME 04101
Show Date/Time: 08/05/2017 9:30 pm
Additional Times:
Rain Date:
Technician: PATRICIA A. LEVESQUE, TEC2907
Display Provider: CENTRAL MAINE PYROTECHNICS, USR633

Event Format: PRIVATE
Max Shell Size: 3"
Number of Aerial Shells: 1000

A handwritten signature in black ink, reading "John E. Morano".

COMMISSIONER OF PUBLIC SAFETY

Conditions: Fireworks Technician and Sponsor are responsible for adherence to all State of Maine adopted NFPA 1123 and NFPA 1124 rules and regulations.

Fireworks Company or Sponsor must notify local police and fire departments with date and time of show.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/13/2017

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 have ADDITIONAL INSURED provisions or 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	Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	CONTACT NAME:	Michelle Kugler		
		PHONE (A/C, No, Ext):	727-547-3070	FAX (A/C, No):	727-367-5695
		E-MAIL ADDRESS:	mkugler@alliedspecialty.com		
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: T.H.E. Insurance Company			12866
INSURED	MARTIN & WARE, INC. DBA: CENTRAL MAINE PYROTECHNICS & PYRO CITY MAINE FIREWORKS PYRO CITY MAINE FIREWORKS STORES P. O. BOX 322 HALLOWELL ME 04347	INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0100495-07	03/06/2017	03/06/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP0100495-07	03/06/2017	03/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			ELP0010828-05 GL	03/06/2017	03/06/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WCP0004615-009 Coverage is afforded in the State(s) of: CT, MA, ME, NH & VT	07/02/2017	07/02/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Excess			ELP0010133-07 AL	03/06/2017	03/06/2018	Each Occur Limit \$4,000,000 Aggregate Limit \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Display Date: 08/05 Rain Date: N/A Location: on house island, 148 Commercial Street, Portland, Maine 04101

RE: General Liability, the following are named as additional insured in respects to the negligence of the named insured: State Fire Marshal's Office; Brian Flaherty, Kelly Flaherty; Three Palm Design Build LLC

CERTIFICATE HOLDER

CANCELLATION

State Fire Marshal's Office
397 Water Street
State House Station 52, Augusta, ME 04330

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

CERT # 2659

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TRANSACTION SUMMARY

TRANSACTION TYPE: SALE

PAYMENT ITEM	INTERMEDIACCT # 8 DIGIT	AMOUNT
NPS Convenience Fee		\$3.74
Permits	FIREWORKS	\$141.00
TOTAL:		\$144.74

CITY OF PORTLAND FIRE

380 Congress Street
Portland, ME 04101
207-756-8097

Alex Nering

Transaction Number:	3116552
Date Processed:	08/03/2017 12:05:01 EDT
Transaction Type:	Credit Card
VISA - Key Entered	CardNumber: *****9336
Authorization:	02010C
Reference Number:	00257009
Permits	\$141.00
Total:	\$141.00

I agree to pay above total amount according to the card issuer agreement & understand this convenience fee will be charged to allow my payment via credit card.

Signature: _____

Thank you

MUNICIPAY*SERVICE FEE CITY OF PORTLAND

22 Free Street
Portland, ME 04101
877-590-5097

Alex Nering

Transaction Number:	3116552
Date Processed:	08/03/2017 12:05:01 EDT
Transaction Type:	Credit Card
VISA - Key Entered	CardNumber: *****9336
Authorization:	02009C
Reference Number:	00257007
Convenience Fee	\$3.74
Total:	\$3.74

I agree to pay above total amount according to the card issuer agreement & understand this non-refundable convenience fee will be charged to allow my payment via credit card.

Signature: _____

Thank You

Printed: 08/03/2017 12:06:17