



Permitting and Inspections Dept.  
Approved with Condition

07/24/2018

*Signicade Deluxe*

**One Frame  
Many Signs**

Our Patented  
"Quick-Change"™ Feature  
Now In  
Our Premier Sign Stand





# CERTIFICATE OF LIABILITY INSURANCE



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.

Permitted State Insurance Department  
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**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).

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|--|--|--|--|
| PRODUCER<br><b>207-947-8637</b><br>Varney Agency-Bangor<br>32 Oak St<br>Bangor, ME 04401<br>Greg Palman        |  | CONTACT NAME: <b>Greg Palman</b><br>PHONE (A/C, No, Ext): <b>207-947-8637</b>   FAX (A/C, No): <b>207-947-1243</b><br>E-MAIL ADDRESS:  |  |
| INSURED<br><b>Peruvian Link Co</b><br><b>Peruvian Link Portland LLC</b><br>589 Airline Rd<br>Amherst, ME 04605 |  | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>ACADIA INSURANCE COMPANY</b> NAIC # <b>31325</b><br>INSURER B: <b>LIBERTY MUTUAL INSURANCE CO.</b> <b>23515</b><br>INSURER C: <b>TRAVELERS INS CO.</b> <b>25674</b><br>INSURER D:<br>INSURER E:<br>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  |
|----------|--|-----------|------------|----------------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Business Owners</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |            | <b>BOA5271175-11</b> | <b>08/05/2017</b>       | <b>08/05/2018</b>       | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>350,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |            |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| <b>A</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |            | <b>CUA5158395-14</b> | <b>08/05/2017</b>       | <b>08/05/2018</b>       | EACH OCCURRENCE \$ <b>2,000,000</b><br>AGGREGATE \$ <b>2,000,000</b><br>\$  |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | <b>N/A</b> | <b>UB5K181345</b>    | <b>04/21/2018</b>       | <b>04/21/2019</b>       | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |
| <b>A</b> | <b>Data Processing</b>   |           |            |                      |                         |                         |   |
| <b>B</b> | <b>Transportation</b>  |           |            | <b>NYOMC10703501</b> | <b>10/06/2017</b>       | <b>10/06/2018</b>       | <b>LIABILITY</b>  |

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

**Certificate holder is listed as additional insured when required by written contract or agreement**

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br><b>CITY OF PORTLAND</b><br><b>17 ARBOR ST.</b><br><b>PORTLAND, ME 04103</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><b>Greg Palman</b> |
|--|--|

# Signicade® Deluxe



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## Change your sign often ... you can do it in seconds

- Change signs in seconds
  - Quick-Change™ feature, signs easily slide in and out
  - use rigid sign material 3/16" thick or less
- Stay Tabs™ ensure signs stay securely in place
- No Maintenance
  - all plastic, use indoors and out
- No tape, Velcro®, or screws needed
  - eliminates fastener damage to signs
- Can internally weight with sand
  - ballasting columns, add sand to each leg
- Hinges lock in open position
  - prevents over-extended sign faces



Patented slot design  
- just slide in a sign



Stay Tabs™ keep signs  
securely in place

Holds Two 24"W x 36"H Signs



# Signicade® Deluxe



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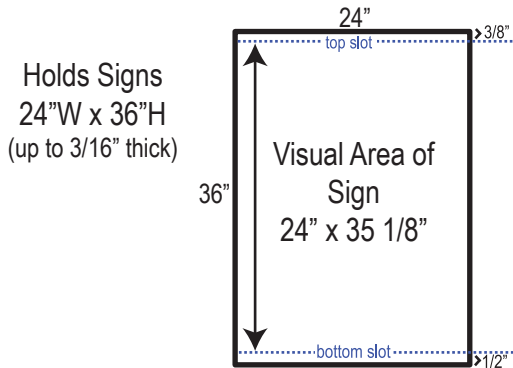
**OUTSIDE DIMENSIONS :** 46.125"H x 27"W x 3.125"D

**DIMENSIONS OF RECESSED SIGN AREA:** 35.125"H x 24.375"W

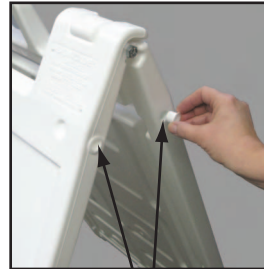
**WEIGHT:** 20 lbs.

**COLORS:** White and Black, Custom Colors Available

**2 SIGNS PER FRAME**



## Sand Ballasting Instructions



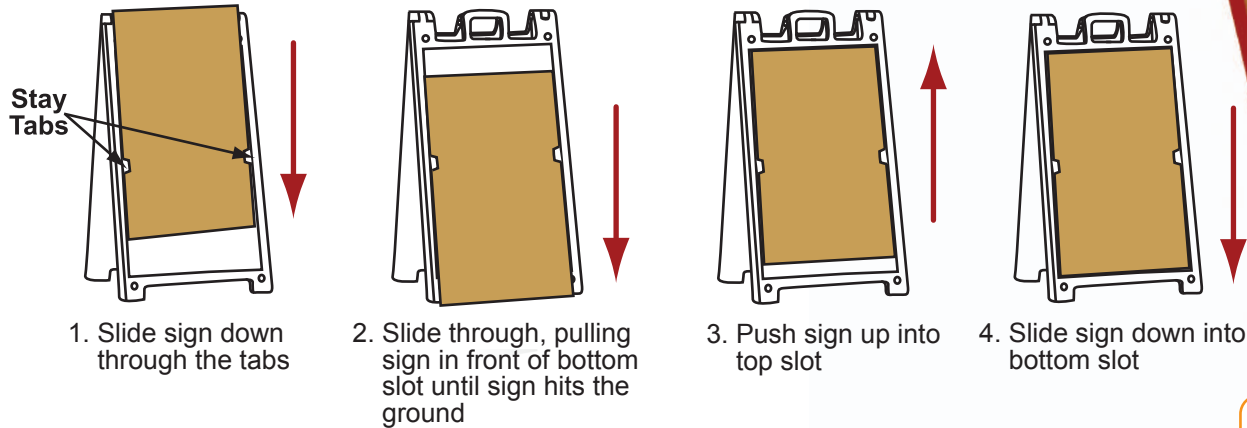
Sand Fill Holes

Each sign frame has four fill holes, two on each side of the frame.

Remove plug from fill hole and fill each hole with sand. 2.5 lbs. of sand per hole for a total of 10 lbs. per sign frame is recommended.

Play sand is suggested for ease of filling.

## Sign Insertion Instructions:



**MADE IN THE USA**  
**US PATENT 7,337,569**

**PLASTICADE®**



7700 Austin Avenue  
Skokie, IL 60077  
phone (800) 772-0355  
fax (847) 966-8074  
www.plasticade.com

Slide in a Message Board...



or a Marker Board...

