

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2013

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 Mason & Mason Insurance Agency, Inc. 458 South Ave. Whitman, MA 02382 Gwen Vosburgh | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Gwen Vosburgh</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 781. 447. 5531</td> <td>FAX (A/C. No): 781. 447. 7230</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID #:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Main Street America Assurance</td> <td>29939</td> </tr> <tr> <td>INSURER B: NGM Insurance Company</td> <td>14788</td> </tr> <tr> <td>INSURER C: Star Insurance</td> <td>000204</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | CONTACT NAME: Gwen Vosburgh | | PHONE (A/C. No. Ext): 781. 447. 5531 | FAX (A/C. No): 781. 447. 7230 | E-MAIL ADDRESS: | | PRODUCER CUSTOMER ID #: | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Main Street America Assurance | 29939 | INSURER B: NGM Insurance Company | 14788 | INSURER C: Star Insurance | 000204 | INSURER D: | | INSURER E: | | INSURER F: | |
| CONTACT NAME: Gwen Vosburgh | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE (A/C. No. Ext): 781. 447. 5531 | FAX (A/C. No): 781. 447. 7230 | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCER CUSTOMER ID #: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
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| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED Boston Sign Company Inc. c/o Liz Thill 457 Eliot Street Milton, MA 02186-1635 | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER: 13/14 GV built** **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | | | |
|--|--|----------------------|--------------|------------------------------|-------------------------|-------------------------|---|-------------------------------------|----------------------|---|--------------|------------------------------|-----------|--------------------------------|--------------|----------------------------|--------------|------------------------|--------------|-----------------------------|----|--|--------------|
| A | GENERAL LIABILITY | | | BPF8098Y | 04/10/2013 | 04/10/2014 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | MED EXP (Any one person) | \$ 10,000 | PERSONAL & ADV INJURY | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | \$ | | |
| | EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 | | | | | | | | | | | | | | | | | | | | | |
| | MED EXP (Any one person) | \$ 10,000 | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | |
| B | AUTOMOBILE LIABILITY | | | M1T2307U | 04/10/2013 | 04/10/2014 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | \$ | | \$ | | | | |
| | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | |
| | BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | | | |
| | BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | |
| | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ANY AUTO | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ALL OWNED AUTOS | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SCHEDULED AUTOS | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> HIRED AUTOS | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | | | | | | | | | | | | | | | | | |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR | | | CUT2307U | 04/10/2013 | 04/10/2014 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE | \$ 5,000,000 | AGGREGATE | \$ 5,000,000 | | \$ | | \$ | | | | | | | | |
| | EACH OCCURRENCE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | |
| | AGGREGATE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 0 | | | | | | | | | | | | | | | | | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC0220760 | 04/10/2013 | 04/10/2014 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">WC STATU-TORY LIMITS</td> <td style="text-align: center;">OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table> | | WC STATU-TORY LIMITS | OTH-ER | | E.L. EACH ACCIDENT | | | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | | | \$ 1,000,000 |
| | | WC STATU-TORY LIMITS | OTH-ER | | | | | | | | | | | | | | | | | | | | |
| | E.L. EACH ACCIDENT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| | E.L. DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/> | | | OFFICERS ARE INCLUDED | | | | | | | | | | | | | | | | | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 *****SEE ATTACHED NOTES*****

| | |
|--|--|
| CERTIFICATE HOLDER City of Portland 389 Congress Street Portland, ME 04101 | CANCELLATION 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 Philip Mason |
|--|--|

ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|--|--|
| AGENCY Mason & Mason Insurance Agency, Inc. | | NAMED INSURED Boston Sign Company Inc. 457 Eliot Street Milton, MA 02186-1635 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: ACORD Certificate of Liability Insurance

Garage Liability

| INSR ADD'L LTR INSRD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------|---------------|-------------------------------------|--------------------------------------|---|
| ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |

Automobile Liability

| INSR ADD'L LTR INSRD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------|---------------|-------------------------------------|--------------------------------------|--------|
| B | | | | |

Excess/Umbrella Liability

| INSR ADD'L LTR INSRD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------|---------------|-------------------------------------|--------------------------------------|--------|
| B | | | | \$ |

Other Liability

| INSR LTR | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------|---------------|-------------------------------------|--------------------------------------|--------|
| | | | | |

Additional Coverages and Factors04/05/2013

Line of Business Coverages for Business Auto

| Coverage | Limits | Ded/Ded Type | Rate | Premium | Factor |
|---|-----------------|--------------|------|---------|--------|
| Combined single limit | 1,000,000 | | | | |
| Medical payments | 5,000 | | | | |
| Uninsured motorist combined single limit | 250,000/500,000 | | | | |
| Underinsured motorist combined single limit | 250,000/500,000 | | | | |
| Comprehensive | | 1,000 | | | |
| Collision | | 1,000 | | | |
| Collision deductible waiver | | | | | |

Line of Business Coverages for General Liability

| Coverage | Limits | Ded/Ded Type | Rate | Premium | Factor |
|----------------------------------|-----------|--------------|------|---------|--------|
| General Aggregate | 2,000,000 | | | | |
| Products/Completed Ops Aggregate | 2,000,000 | | | | |
| Personal & Advertising Injury | 1,000,000 | | | | |
| Each Occurrence | 1,000,000 | | | | |
| Fire Damage | 500,000 | | | | |
| Medical Expense | 10,000 | | | | |

Line of Business Coverages for Workers Compensation

| Coverage | Limits | Ded/Ded Type | Rate | Premium | Factor |
|--------------------------------------|-------------------------------|--------------|------|---------|---------|
| WC & Employer's Liability | 1,000,000/1,000,000/1,000,000 | | | | |
| Adjst. to reconcile-exp mod. premium | | | | | 0.95000 |
| Expense constant | | | | | |
| Increased employer's liability | | | | | |
| Premium discount | | | | | |

Certificate issued to City of Portland
Mason & Mason Insurance Agency, Inc.

06/04/2013

When required by written contract, City of Portland, is recognized as additional insured as respects general liability insurance for the ongoing operations of the insured on behalf of the additional insured, see explanatory note attached.

Automatic additional insured status is only granted to the person or organization for whom the insured is performing work. In addition, there must be a written contract or agreement between the insured and the person or organization in which the insured agrees to name them as an additional insured. This automatic coverage is not broad enough to confer additional insured status on persons or organizations for whom the insured is not working directly, or with whom the insured has no direct contract or agreement.

The insured may be subject to a charge for each additional insured added who does not qualify for automatic coverage as outlined above.