

CERTIFICATE OF LIABILITY INSURANCE

KMELCHER

DATE	(MM/DD/YYYY)	
~~	10 4 10 0 4 7	

BOSTSIG-01

			,			۱DIL	IT T INS	DURAN	6E	08/	/04/2017
C B	ERT ELO	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORDED B	BY TH	E POLICIES
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
-	DUCE					CONTA NAME:	CT Christin	e Costa			
		& Mason Insurance Agency, Inc. Ith Ave.				PHONE (A/C, No	o, Ext): (781) 5	523-0067	FAX (A/C, No):		
		n, MA 02382				E-MAIL ADDRESS: ccosta@masoninsure.com					
							INSURER(S) AFFORDING COVERAGE				
						INSURER A : Main Street America Assurance					29939 14788
INSURED Boston Sign Company Inc.									1 2		
c/o Liz Thill							INSURER C : Star Insurance Company				18023
		457 Eliot Street Milton, MA 02186				INSURER D : INSURER E :					
						INSURER F :					
со	VER	AGES CEF		САТ	E NUMBER:				REVISION NUMBER:		
IN C	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN	ENT, TERM OR CONDITIO	N OF A	NY CONTRA (THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPEC	ст то	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
A	X	COMMERCIAL GENERAL LIABILITY								\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	BPF8098Y		04/10/2017	04/10/2018		\$	500,000
										\$	1,000,000
		 N'L AGGREGATE LIMIT APPLIES PER:								\$ \$	2,000,000
	GEI								PRODUCTS - COMP/OP AGG	\$ \$ \$	2,000,000
В	AUT								COMBINED SINGLE LIMIT	\$	1,000,000
	X	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY		x	M1T2307U		04/10/2017	04/10/2018	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ \$	
в		UMBRELLA LIAB OCCUR								\$ \$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE DED X RETENTION \$	-		CUT2307U		04/10/2017	04/10/2018		\$ \$	5,000,000
С	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? Matatory in NH)	N/A	x	WC022076011		04/10/2017	04/10/2018	X PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$\$	1,000,000
	If yes DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		1,000,000
Re: The Ope Prin	B. G City ratio nary	TION OF OPERATIONS / LOCATIONS / VEHIC ood Awnings - 15 Exchange St, Po of Portland are additional insured ons is covered per the terms and co Non-contributory for General liabil FACHED ACORD 101	rtland for G onditi	d - Pe enera ons c	rmit #01233 al liability for ongoing oper of BPM 3100 12/07.	ations	per the terms	s and conditio	ons of form BPM 3100 12/0		npleted
CE	RTIF	FICATE HOLDER				CAN	CELLATION				
City of Portland 389 Congress Street 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.						
						AUTHO		INTATIVE			

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AGENCY CUSTOMER ID: BOSTSIG-01

LOC #: 1

KMELCHER

1 of

ADDITIONAL REMARKS SCHEDULE

Page 1 NAMED INSURED Boston Sign Company Inc. c/o Liz Thill 457 Eliot Street Milton, MA 02186 Mason & Mason Insurance Agency, Inc.

CARRIER SEE PAGE 1

POLICY NUMBER SEE PAGE 1

AGENCY

NAIC CODE EFFECTIVE DATE: SEE PAGE 1 SEE P 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

Description of Operations/Locations/Vehicles:

Primary Non-contributory for Business Auto applies in favor of Additional Insureds per terms and conditions of for 64-8722

Waiver of transfer of rights of recovery for General liability applies in favor of Additional Insureds per terms and conditions of attached form BP 0497 0106.

Waiver of transfer of rights of recovery for Business Auto applies in favor of Additonal Insureds per terms and conditions of form 64-8722 10/12

Waiver of transfer of rights of recovery for Workers Compensation applies in favor of Additional Insureds per terms and conditions of form WC000313 4/84

Forms available upon request.