

CERTIFICATE OF LIABILITY INSURANCE

NEOKSIG-01

JBELANGER

DATE (MM/DD/YYYY) 6/10/2016

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.

th	IPORTANT: If the certificate holder ie terms and conditions of the policy, ertificate holder in lieu of such endorse	cer	tain p	policies may require an ei	ndorse	ement. A sta					
PROI	DUCER				CONTACT NAME:						
	mpoux Insurance Agency Box 220				PHONE (A/C, No, Ext): (207) 783-2246 FAX (A/C, No): (207) 782-7881						
Lewiston, ME 04243-0220					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURER A : Patriot Insurance Company					32069	
INSURED						INSURER B : Frankenmuth Mutual Ins. Co.				13986	
	Neokraft Signs, Inc. and NK E	Eaui	omer	nt LLC	INSURER C:						
	686 Main St				INSURER D:						
	Lewiston, ME 04240				INSURER E:						
					INSURER F:						
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE	QUII	REME	ENT, TERM OR CONDITION	OF A	NY CONTRA	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH P							ED HEREIN IS SUBJECT T	O ALL	THE TERMS,	
NSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER			POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPP6164784		09/01/2015	09/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	X Contractual Liab							MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000	

LTR	TYPE OF INSURANCE	INSD V	NVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,0
	CLAIMS-MADE X OCCUR		CPP6164784	09/01/2015	09/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0
	X Contractual Liab					MED EXP (Any one person)	\$ 5,0
						PERSONAL & ADV INJURY	\$ 1,000,0
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,0
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,0
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0
В	X ANY AUTO		BA 6164784	09/01/2015	09/01/2016	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,0
Α	EXCESS LIAB CLAIMS-MADE		CPP6164784	09/01/2015	09/01/2016	AGGREGATE	\$ 5,000,0
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Equipment Floater		CPP6164784	09/01/2015	09/01/2016	rented equip-Special	150,0
Α	Equipment Floater		CPP6164784	09/01/2015	09/01/2016	Installation floater	100,0
DE0	COURTION OF OPERATIONS (LOCATIONS (VEHICLE	FO (40				D	

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

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.
i ordana, mz orror	AUTHORIZED REPRESENTATIVE
	Jane Belanger