

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/21/2017

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).

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PRODUCER CONTACT NAME: Elizabeth Bortone											
FM Walley Insurance Agency Inc					PHONE (A/C, No, Ext): (781)326-8383 FAX (A/C, No): (781)326-8387						
475 High Street						E-MAIL ADDRESS: ebortone@walleyinsurance.com					
P. O. Box 469						INSURER(S) AFFORDING COVERAGE NAIC #					
Dedham MA 02026					INSURER A: Travelers Indemnity Co of CT					25682	
INSURED					INSURER B : Charter Oak Fire Insurance Co					25615	
Expansion Opportunities Inc					The Assertion Incomes Comment					21857	
DBA ViewPoint Sign & Awning					HOULING:					21037	
SAME AND THE PROPERTY OF THE P					INSURER D:						
35 Lyman Street, Suite 1			MA 04522			INSURER E :					
Northborough			MA 01532			INSURER F:					
COVERAGES CERTIFICATE NUMBER: 2017 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			SUBR	POLICY NUMBER	YNUMBER		POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DDIYYYY) LIMITS			
	COMMERCIAL GENERAL LIABILITY			ICA TOMASTIC MICHAEL CANTAGE CANTAGE CONTROL		POLICY EFF (MM/DD/YYYY)		EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000	
								N N N	\$ 5,00	0	
Α				630-5609C939-TCT-17		09/14/2017	09/14/2018	MED EXP (Any one person)	\$ 1,00		
2.3				303 333 333 337		00/14/2017	00/14/2010	PERSONAL & ADV INJURY	2.000.000		
								GENERAL AGGREGATE	2 000 000		
	POLICYJECTLUC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:							COMBINED SINGLE LIMIT	[18]	0.000	
В	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	0,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY NonOwned				09/14/2017		BODILY INJURY (Per person)	\$			
				BA-0123T720-17		09/14/2017	09/14/2018	BODILY INJURY (Per accident)	783		
							PROPERTY DAMAGE (Per accident)	\$			
									\$		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 5,00	0,000	
С	EXCESS LIAB CLAIMS-MADE			SSE 00058118084	09/14/2017	09/14/2018	AGGREGATE	\$ 5,00	0,000		
	DED RETENTION \$						AND AMARIA MANAGEMENT OF THE STATE OF THE ST	\$			
А	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		† †			2004 (20047	2011/10010	➤ PER OTH-			
								E.L. EACH ACCIDENT	s 1,00	0,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		UB-5J433976		09/14/2017	09/14/2018	E.L. DISEASE - EA EMPLOYEE	1 000 000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s 1,00	0.000	
	DESCRIPTION OF OFERATIONS BEIOW		1		-			E.E. DISEASE - POLICI LIMIT	Φ	0	
DEC	PRINTION OF OREDATIONS // OCATIONS //VEHICL	EQ /A:	COPD 1	101 Additional Bomarka Sabodulo	mey be e	ttached if mare a	naacia roguirod)		į.		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Portland is named as additional insured as respects General Liability per Form #CGD269 (11/03) Additional Insured - State or											
	ical Subdivisions - Permits as respects sign					(11703) Additio	onai insured -	State or			
3											
CEI	RTIFICATE HOLDER										
						ELLATION					
								SCRIBED POLICIES BE CAN		BEFORE	
07(2)						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
City of Portland					on with contrast and contrast a						
Portland City Hall					AUTHORIZED REPRESENTATIVE						
389 Congress Street						20 C 10 C					

Jul along

Portland

ME 04101