

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/21/2018

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:	Melissa Cox, AAI			
GHM Agency		STROAM		PHONE (A/C, No. Ext	(207) 873-5101	FAX (A/C, No):	(207) 87	'3-5784
51 Main Street				E-MAIL ADDRESS:	melissa@ghmagency.com			
PO Box 649					INSURER(S) AFFORDING COVERAGE			NAIC#
Waterville		ORTI AS	ME 04903-0649	INSURER A :	Acceptance Indemnity Ins Co			
INSURED	Pe	rmitting and Inspections Department		INSURER B :	Acadia Insurance Co			31325
	High Roller Lobster LLC	Approved with Conditions 08/28/2018		INSURER C :	Maine Employers Mutual Ins Co			11149
	104 Exchange St	00/20/2010		INSURER D :	Illinois Union Ins Co			
				INSURER E :				
	Portland		ME 04101	INSURER F :				
COVERAGES	•	CERTIFICATE NUMBE	:R: 17-18 Master 1	1	REVISION NUM	BER:		

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.

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INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α			Y		CL00253654	11/14/2017	11/14/2018	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS ONLY			CAA5327843-10	11/14/2017	11/14/2018	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								Medical payments	\$ 5,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		1810114567	11/14/2017	11/14/2018	E.L. EACH ACCIDENT	\$ 500,000
	(Mar	CER/MEMBER EXCLUDED?	" "		1010114007	11/14/2017	11/14/2010	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	LIC	QUOR LIABILITY			LODNEE407470474	44/44/0047	44/44/0040		\$1,000,000
D					LQRMEF137478174	11/14/2017	11/14/2018		
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01. Additional Remarks Schedule. may be a	ttached if more s	pace is required)		
			,						

City of Portland is additional insured in regards to general liability

CERTIFICATE HOLDER		CANCELLATION
City of Portland 315 City Hall		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Congress Street		AUTHORIZED REPRESENTATIVE
Portland	ME 04101	Melissa COX



8/28/2018

CERTIFICATE OF FLAME RETARDANCE

ISSUED TO: MAINE BAY CANVAS 53 INDUSTRIAL WAY

PORTLAND, MAINE 04103

P.O. No. 12015

NUMBER: 85053

DATE: 6/13/2018



THIS CERTIFICATE OF COMPLIANCE IS ISSUED TO VERIFY THAT THE ITEMS OR AREAS DESCRIBED BELOW ON THIS CERTIFICATE HAVE BEEN TREATED WITH FLAMECOAT (TM). FLAMECOAT IS A CLASS A FIRE RETARDANT.

Qty	Description of Material, Structure, Etc.
18	YARDS; SATTLER # 9613 RED & WHITE TREATED W/FLAMECOAT AND PASSES: NFPA 701 SMALL SCALE, ASTME-84 CLASS A, FLAME SPREAD: 10, SMOKE DENSITY: 25, CALIFORNIA TITLE 19 section 1237, CALIFORNIA TB 117-2013 FOR INTERIOR & OUTDOOR USE and CAN NOT BE WASHED OFF
1	SUPPLIES/HANDLING
	SHIPPED VIA: UPS #1Z3502W10378089316

AMERICAN FLAMECOAT INC.

520 Eagleton Downs Drive - DPineville, NC 28134O: 704.405.2550

F: 704.543.9772

www.americanflamecoat.com

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Note: Fabrics and/or materials described on this certificate are intended for interior use unless otherwise stated.

Due to the number of external forces that can diminish flame retardancy, this fabric should be periodically retested to insure it retains its effectiveness. We do not warrant the length of time that the fabric remains fire retardant. We do state that when it leaves our facility, it meets the stated code. Certificate void if material is exposed to open flame or extremely hot lights or electrical wiring.



mitting and Inspections Department
Approved with Conditions
08/28/2018Joe Palacci

112 Jeanne Street
Portland ME 04102

To Whom It May Concern,
The City of Portland Business Licensing & Inspections-

Please let this letter serve as my permission for HIGHROLLER LOBSTER LLC, D/B/A THE HIGHROLLER LOBSTER COMPANY, doing business at my property at 104 Exchange Street, Portland, Maine, 04101, to affix an awning and paint signage onto the portion of the building located above and to either side of the business entrance, for aesthetic, advertising, and sun protection purposes.

Thank you,

Joe Palacci

June 18th, 2018



Building Information:

Lot frontage on street (ft): 25 ft

Portland, Maine

Exterior Length of façade of tenant space (ft): 25 ft



Yes. Life's good here.

Height of exterior façade (ft): 12 ft

Multi-Tenant Lot

O Upper story unit

OSingle Tenant Lot

Ground floor unit

Permitting and Inspections Department Michael A. Russell, MS, Director

Signage / Awning Permit Application

This is a (select one):

If multi-tenant, this is a (select one):

Information on EXIS	TING signs that will remain			-		
Type (i.e. awning, freestanding sign, attached building sign)	Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	Is awning backlit?	Or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding sign - setback of closest poil of sign to the nearest property line(s)	
nformation on PROF	POSED signs:		1			
	For awnings only	<i>/</i> :	Dimensions of awning	Height of awning or sign above the ground to its highest point	For freestanding sign - setback of closest poin of sign to the nearest property line(s)	
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awning	N		24'6" X 2'6" X 3'	11'8"		
ettering on building			25' x 14"	12'10"		
I hereby certify the follow						
I am the Owner of recomment to make this applie I assume responsibility I understand that this a accordance with the IBC.	rd of the named property, or the cation as his/her authorized agen for compliance with all applicable application will not be reviewed for 2009.	nt. e statutes, co or code comp	des, ordinances, rules and liance, and I certify that the	regulations. e proposed sign will be i	installed in	
 I am the Owner of recomposition I assume responsibility I understand that this a accordance with the IBC I understand that if a Coresponsible for remedying If a permit for work des 	rd of the named property, or the cation as his/her authorized agen for compliance with all applicable application will not be reviewed for 2009.	nt. e statutes, co or code comp sign has been d, I certify the	des, ordinances, rules and liance, and I certify that the installed in violation of an	regulations. e proposed sign will be i y statute, code, or ordin rized representative sho	installed in nance, that I am Ill have the	



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