

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

MAINELAND REAL ESTATE CONSULTANTS
LLC/Welch Stencil

PERMIT ID: 2012-65567

Located at

30 EXCHANGE ST (#28)

CBL: 032 I011001

has permission to **Replacing building sign; "Second Time Around" - hanging - 42" x 31.3"**
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise cloed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

N/A

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A PENALTY FOR REMOVING THIS CARD**

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 201265567	Date Applied For: 12/10/2012	CBL: 032 I011001
--------------------------------	--	----------------------------

Location of Construction: 30 EXCHANGE ST (#28)	Owner Name: MAINELAND REAL ESTATE CO	Owner Address: 30 EXCHANGE ST	Phone: (207) 774-6226
Business Name: Second Time Around	Contractor Name: Welch Stencil	Contractor Address: 7 Lincoln Avenue Scarbrough	Phone: (207) 883-6200
Lessee/Buyer's Name: Jeanne Stafford	Phone: 6172470123	Permit Type: Signs - Permanent	

Proposed Use: Retail	Proposed Project Description: Replacing building sign; "Second Time Around" - hanging - 42" x 31.3"
--------------------------------	---

Dept: Historic	Status: Approved w/Conditions	Reviewer: Deb Andrews	Approval Date: 12/13/2012
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Sign approved with the understanding there will be no lighting associated with the sign. If lighting is proposed, approval for such is required.			
Dept: Zoning	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/12/2012
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
Dept: Building	Status: Approved w/Conditions	Reviewer: Ann Machado	Approval Date: 12/14/2012
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Signage and Awning Installation to comply with Chapters 16, 31 & 32 of the IBC 2009 building code.			

BUILDING PERMIT INSPECTION PROCEDURES
Please call 874-8703 (ONLY)
or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

REQUIRED INSPECTIONS:

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2012-65567	Issue Date: 12/14/12	CBL: 032 I011001
--------------------------	-------------------------	---------------------

Location of Construction: 30 EXCHANGE ST (#28)	Owner Name: MAINELAND REAL ESTATE CO	Owner Address: 30 EXCHANGE ST	Phone:
Business Name:	Contractor Name: Welch Stencil	Contractor Address: 7 Lincoln Avenue Scarborough	Phone (207) 883-6200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B3
Past Use: Retail	Proposed Use: Retail	Permit Fee: \$125.00	Cost of Work: \$0.00
Proposed Project Description: Replacing building sign; "Second Time Around" - hanging - 42" x 313"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A	INSPECTION: Use Group: Sign Type:
		Signature: <i>OK AMU 12/14/12</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			

Permit Taken By: bjs	Date Applied For: 12/10/2012	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>Orw/cad/hoi</i> Date: 12/12/12 AMU	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 12/13/12 <i>D. Andrews</i>

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



Signage / Awning Permit Application

If you or the property owner owes real estate or personal property taxes or any other charges on any property within the City, payment arrangement **MUST** be made before permits are accepted.

30

Location/Address: <u>28 Exchange (28)</u>		Telephone: <u>207-774-6226</u>
Tax Assessor's Chart/Block/Lot (CBL) Chart: <u>32</u> Block: <u>1</u> Lot: <u>11</u>	OWNER Name/Address: <u>Maineland Real Estate Consultants LLC</u> <u>30 Exchange St.</u> <u>Portland ME 04101</u>	
LEASEE/BUYER Name (if Applicable) <u>Second Time Around</u> <u>28 Exchange St</u> <u>Portland ME 04101</u>	CONTRACTOR name, address/phone <u>Welch Stencil Co</u> <u>7 Lincoln Ave</u> <u>Scarborough ME 04074</u> <u>(207) 883-6200</u>	Total S.F. signage \$ <u>20</u> SF= <u>10</u> x \$2.00 SF + \$30 Fee: \$ <u>30</u> Historic (\$75): \$ <u>75</u> Awning Fee: \$ <u>0</u>
Awning Fee = Cost of Work: \$ _____ (\$30/first \$1000; \$10 every other \$1000)		TOTAL FEE: \$ <u>125</u>

Who should we contact when the permit is ready: Name: Jeanne Stafford Phone: 617 247 0123 x303
 Address: 560 Harrison Ave, Suite 501 Boston, MA 02118

Tenant/allocated building space frontage (in feet): _____ Height: _____
 Lot frontage (in feet): _____ Single Tenant or Multi-Tenant Lot: Permitted **RECEIVED**
14.5'

Current Specific Use: Retail Store **DEC 10 2012**
 If vacant, what was prior use: _____
 Proposed Use: same, just new sign

Information on proposed sign(s)
 Freestanding (e.g. pole) sign? YES ___ NO X Dimensions proposed: _____ (sf); Height from grade: _____ sf
 BLDG Wall Sign (attached to bldg.)? YES X NO ___ Dimensions proposed: 9.1 sf (42" x 31.325")
- blade sign
 Proposed Awning: YES ___ NO X If yes, is awning backlit? YES ___ NO ___
 Height of awning _____ Length of awning _____ Depth of awning _____
 Is there any communication, message, trademark or symbol on it? YES ___ NO ___
 If yes, total square footage of panels with communication, message, trademark or symbol on it: _____ sf

Information on existing and previously permitted signage:
 Freestanding (e.g. pole) sign? blade YES 1 NO X Dimensions proposed: _____ ft X _____ ft; Height from grade: _____
 BLDG Wall Sign (attached to bldg.)? sign YES X NO ___ Dimensions proposed: 3.5 ft X 2.6 ft
 Awning? YES ___ NO X total sq ft of panels with communication on it: _____ sf

A site sketch and building sketch showing exactly where existing and proposed signage is located **MUST** be provided. Sketches and/or pictures of proposed signage and existing building are also required.

Please submit all information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information, visit us on-line at WWW.PORTLANDMAINE.GOV, stop by the Building Inspections Office, room 315 City Hall, or call 207-874-8703.

I hereby certify I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of Applicant:  Date: 12/5/12

14.5 x 2 = 29 sq ft proposed @ 12

sta

SECOND TIME AROUND
NO SECOND THOUGHTS

City of Portland - Building Inspection Office
389 Congress Street
City Hall, Room 315
Portland, ME 04101

December 5, 2012

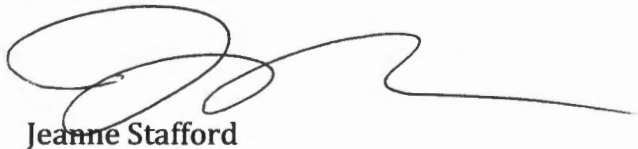
To Whom it May Concern

Enclosed please find an application for a sign permit for our store at 28 Exchange Street in the Historic District. I have enclosed a check as well as a letter of permission from the landlord, our proposed sign, and a photo of our old (damaged) sign. I have also enclosed a copy of our insurance with the city of Portland listed as an insured.

Please let me know if you need anything further.

Please send the permit to me once it has been approved.

Thanks so much!

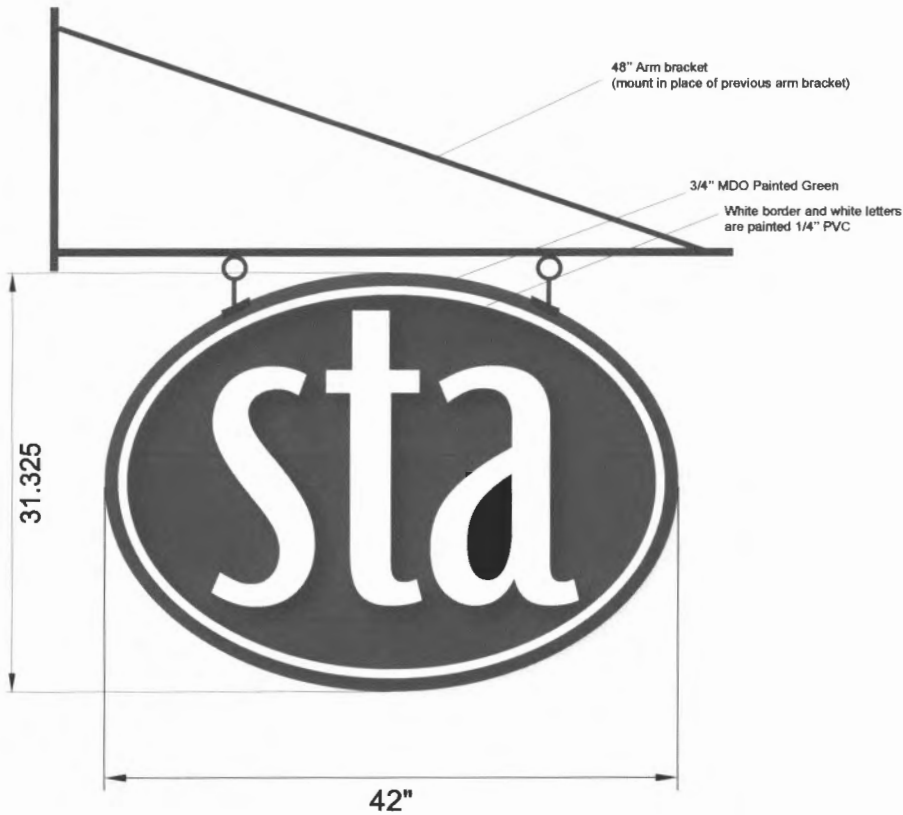


Jeanne Stafford

Jeanne N. Stafford
Director of Marketing
Second Time Around
560 Harrison Ave, Suite 501
Boston, MA 02118
Office: 617.247.0123 x303
Cell: 617.335.7946
www.seconddtimearound.net

Proposed Sign

Notes:



Job Specifications

Customer Name: Second Time Around
 Job Description: MDO Blade Sign
 Sales Rep: JK
 Drawn By: JK
 Job Number:
 Revision Version #:
 Date: 07.25.2012
 File Location: Second Time Around

WELCH
SIGNAGE
 and digital graphics

17 Lincoln Ave. - Spertonsburgh ME 04074
 Phone: 407.660.0000 Fax: 407.660.0001
 Email: sales@welchsign.com
 www.welchsign.com

Materials

Substrate: 3/4" MDO
 Printed Vinyl: NA
 Vinyl Colors: NA

Machine Process

Application: Painted with 1/4" dimensional letters
 Sides: Double
 Artboard Size:
 Icut:
 Cut Contour: No

Finishing

Edges:
 Corners:
 Hardware: NA
 Tape: NA
 Color Matches:

Approved By: _____ Date: _____

DISCLAIMER: Welch is not responsible for the output of customer supplied files or logos. It is the customers responsibility to make sure they have supplied the files in the correct resolution and PMS colors. Colors will vary from monitor to printer, Welch is not responsible for color variation. Custom proof color matching is available and an additional fee. Please call us or visit www.welchusa.com/artwork for file information

VEHICLES: Although Vehicle Graphics are meant to last 3-5 years, Welch will only warranty the replacement of vehicle graphics 90 days from the proof date. Graphics are a temporary advertisement. Please note that sunlight, bad weather, rocks, pressure washing and incorrect care of your graphics can and will shorten their life span.

©2012 Welch Architectural Signage, All Rights Reserved. All information contained in this drawing is confidential, do not distribute do not reproduce.

Proofed - In Design: _____ In Production: _____

$$31.325 \times 42 = 1,315.65 \text{ sq ft}$$

$$= 9.1 \text{ sq ft}$$

current sign - 28 exchange st. (damaged in hurricane)



Jeanne Stafford

From: David Harrigan [dave@mainelandconsultants.com]

Sent: Tuesday, December 04, 2012 3:14 PM

To: Jeanne Stafford

Subject: sign approval

Jeanne,

Please accept this e-mail as my official acceptance of the sign replacement for 28 Exchange Street Portland ME.

I've review the proof and find the sign acceptable.

Please let me know if I can help with any other aspects.

David Harrigan
Owner/Principal of Maineland Real Estate Consultants.

djh

Dave Harrigan/ President
Gen. Cert. #124/ME
Maineland Consultants
30 Exchange Street
Portland, ME 04101
(207) 774-6226



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/4/2012

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 Aronson Insurance Agency Inc 950 Highland Ave Needham MA 02494		CONTACT NAME: Karen Love, CIC, CISR PHONE (A/C, No, Ext): (781) 444-3050 FAX (A/C, No): (781) 444-3051 E-MAIL ADDRESS: Karen@AronsonInsurance.com	
INSURED SIMPLIFY HOLDINGS LLC Simplify STA LLC 560 HARRISON AVE STE 501 BOSTON MA 02118		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Group INSURER B: Preferred Concepts LLC INSURER C: Multiple Companies INSURER D: INSURER E: INSURER F:	NAIC # 22292 00914

COVERAGES **CERTIFICATE NUMBER:2012-2013** **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			OHN9249426	9/22/2012	9/22/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			JS00056987LI12A	9/22/2012	9/22/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			08WECEG4273	5/26/2012	5/26/2013	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is listed as an additional insured per written contract

CERTIFICATE HOLDER Town of Portland 389 Congress St 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 S Aronson, CIC/KAREN
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/26/2012

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 Aronson Insurance Agency Inc 950 Highland Ave Needham MA 02494	CONTACT NAME: Karen Love, CIC, CISR	
	PHONE (A/C No. Ext): (781) 444-3050	FAX (A/C No.): (781) 444-3051
	E-MAIL ADDRESS: Karen@AronsonInsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hanover Insurance Group	22292
	INSURER B: Preferred Concepts LLC	
	INSURER C: Multiple Companies	00914
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2012-2013 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			OHN9249426	9/22/2012	9/22/2013	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 4,000,000			PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			US00056987LI12A	9/22/2012	9/22/2013	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			08WECEG4273	5/26/2012	5/26/2013	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

--	--

CERTIFICATE HOLDER CANCELLATION

Mainland Real Estate Consultants LLC 30 Exchange 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. AUTHORIZED REPRESENTATIVE  S Aronson, CIC/KAREN
---	--