ACORD	

## 

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE								9/	2/2016		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC.									TE HOL	DER. THIS	
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY 1											
	BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										THORIZED
		RTANT: If the certificate holder									
		rms and conditions of the policy, cate holder in lieu of such endors				ndorse	ment. A stat	ement on th	is certificate does not c	onfer r	ights to the
	DUCE		seme	111(5)	•	CONTA	<sup>CT</sup> Janelle	Litto			
-		 Keith & Sons Insurance	۵ле	ncv		NAME: PHONE	<sub>b, Ext):</sub> (508)	583-1106	FAX (A/C, No):	(508) 58	3-8478
	-	Main Street	nge	ncy		E-MAIL	<u>, Ext): (0000)</u> ilitto@	rogerkeit	(A/C, No):	(300)30	5 6476
-	P.O. Box 3067						E-MAIL ADDRESS: jlitto@rogerkeith.com INSURER(S) AFFORDING COVERAGE				
	ockt		304			INCUDE			and Casualty Compa		NAIC #
	JRED								ty Insurance Com		
Si	an I	Design Inc				INSURE			cy insurance com	Jany	
17	01	Liberty St				INSURE					
		-				INSURE					
Br	ockt	con MA 023	301			INSURE					
со	VER	AGES CER	TIFIC	CATE	NUMBER:2016 cert				REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIES									
С	ERTI	ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	PERT	AIN, <sup>•</sup>	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED	D HEREIN IS SUBJECT TO		
INSR LTR		TYPE OF INSURANCE		SUBR					LIMIT	s	
	x	COMMERCIAL GENERAL LIABILITY	1130		I GLIGT NUMBER				EACH OCCURRENCE	\$	1,000,000
А		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	x	xcu			BKA 55412708		1/21/2016	1/21/2017	MED EXP (Any one person)	\$	15,000
	x	CONTRACTUAL							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							LOCATION AGGREGATE	\$	2,000,000
	AUT	OMOBILE LIABILITY			BAW 55412708				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
А		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS AUTOS			comp. deductible \$500		1/21/2016	1/21/2017	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS			collision deductible \$	500			PROPERTY DAMAGE (Per accident)	\$	
										\$	
	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
в		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5,000,000
	WOR	DED X RETENTION \$ 10,000			USO 55412708		1/21/2016	1/21/2017	PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N							STATUTE ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE				
_									E.L. DISEASE - POLICY LIMIT	\$	
A	BPI				BKA 55412708		1/21/2016	1/21/2017	772,500		1,000 DED
	LEA	ASED/RENTED EQUIPMENT			BKA 55412708		1/21/2016	1/21/2017	353,000		1,000 DED
PO	LIC	ION OF OPERATIONS/LOCATIONS/VEHIC Y LIMITS IN EFFECT AT PC ACT WITH RESPECT TO GENE	DLIC	Y II	NCEPTION. CITY OF				<sup>red)</sup> 'IONAL INSURED PEI	R WRI	TTEN
~~	סדיר					0					
	KIIF	ICATE HOLDER				CANC	ELLATION				
CITY OF PORTLAND 389 CONGRESS STREET PORTLAND, ME 04101-3509						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					
							DONOVAN DUNN/KEIJJ1 D				
							© 19	88-2014 AC	ORD CORPORATION.	All righ	ts reserved.

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## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE A.I.M. Mutual Insurance Company 54 Third Avenue, Burlington, Massachusetts 01803-0970 (800) 876-2765

## NCCI NO 26158

POLICY NO. AWC-400-7031683-2015A PRIOR NO. AWC-400-7031683-2014A

ITEM

1

1. The Insured: Sign Design Inc DBA: Mailing address: 170 Liberty Street Brockton, MA 02301

FEIN: \*\*-\*\*\*7262

Legal Entity Type: Corporation

Other workplaces not shown above:

- 2. The policy period is from 10/01/2015 to 10/01/2016 12:01 a.m. standard time at the insured's mailing address.
- 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA
  - B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000 each accident
Bodily Injury by Disease	\$ 1,000,000 policy limit
Bodily Injury by Disease	\$ 1,000,000 each employee

C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications		Premiurn Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Pramium
INTRA 0232224				
INTER	SEE	CLASS CODE SCHEDUL	E	

Minimum Premium \$575

GOV STATE	GOV CLASS	
MA	9552	

\$24,390 **Total Estimated Annual Premium** Deposit Premium \$6,424

State Assessments/Surcharges \$22,645.00 x 5.7500%

\$1,302

Authorized Signature

09/28/2015 Date

Bearce Insurance Agency Inc P O Box 1709 Brockton, MA 02303

WC 00 00 01 A (7-11)

Burlington MA 01803

Service Office: 54 Third Avenue

Includes copyrighted material of the National Council on Compensation Insurance,

This policy, including all endorsements, is hereby countersigned by