ACORD®

CERTIFICATE OF LIABILITY INSURANCE

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Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 12/08/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE H
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S),
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

Roger Keith & Sons Insurance Agency
1575 Main Street
P.O. Box 3067
Brockton MA 02304

CONTACT NAME: Janelle Litto
PHONE (A/C, No, Ext): (508)583-1106 FAX (A/C, No): (508)583-8478
E-MAIL ADDRESS: jlitto@rogerkeith.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Fire and Casualty Company	
INSURER B : The Ohio Casualty Insurance Company	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Sign Design Inc
170 Liberty St
Brockton MA 02301

COVERAGES **CERTIFICATE NUMBER:** 2016 cert **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR x XCU x CONTRACTUAL GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			BKA 55412708	1/21/2016	1/21/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG LOCATION AGGREGATE	$ 1,000,000 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X SCHEDULED AUTOS X NON-OWNED AUTOS			BAW 55412708 comp. deductible $500 collision deductible $500	1/21/2016	1/21/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			USO 55412708	1/21/2016	1/21/2017	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	BPP LEASED/RENTED EQUIPMENT			BKA 55412708 BKA 55412708	1/21/2016 1/21/2016	1/21/2017 1/21/2017	772,500 353,000	1,000 DED 1,000 DED

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

POLICY LIMITS IN EFFECT AT POLICY INCEPTION. CITY OF PORTLAND, ME IS ADDITIONAL INSURED PER WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY

CERTIFICATE HOLDER

CITY OF PORTLAND
389 CONGRESS STREET
PORTLAND, ME 04101-3509

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

DONOVAN DUNN/KEIJJ1

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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. 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		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per $100 Of Remuneration	Estimated Annual Premium
INTRA 0232224				
INTER	SEE CLASS CODE SCHEDULE			

Minimum Premium $575

GOV STATE	GOV CLASS
MA	9552

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

State Assessments/Surcharges
$22,645.00 x 5.7500% $1,302

This policy, including all endorsements, is hereby countersigned by _____ 09/28/2015
Authorized Signature Date

Service Office:
54 Third Avenue
Burlington MA 01803

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

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