Client#: 122772 POYANTSIGN1

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/10/2015

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).

certificate ficial in fied of such chacksement(s).						
PRODUCER	CONTACT Kristal Gouveia					
HUB International New England 222 Milliken Blvd Fall River, MA 02722 508 235-2200	PHONE (A/C, No, Ext): 508-235-2226 FAX (A/C, No): 866-	66-379-3256				
	E-MAIL ADDRESS: kristal.gouveia@hubinternational.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : CNA					
Poyant Signs, Inc. 125 Samuel Barnet Blvd. New Bedford, MA 02745	INSURER B:					
	INSURER C:					
	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

	ADDL SUBR			POLICY EXP	LIMIT	•
	INSR WVD			•		
GENERAL LIABILITY		1077924068	09/04/2014	09/04/2015		\$1,000,000
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
POLICY X PRO- JECT X LOC						\$
AUTOMOBILE LIABILITY		C1077924040	09/04/2014	09/04/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO					BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
						\$
X UMBRELLA LIAB X OCCUR		C1077924054	09/04/2014	09/04/2015	EACH OCCURRENCE	\$10,000,000
EXCESS LIAB CLAIMS-MADE	<u>:</u>				AGGREGATE	\$10,000,000
DED X RETENTION \$10000						\$
WORKERS COMPENSATION		WC182091627	09/04/2014	09/04/2015	X WC STATU- TORY LIMITS OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$1,000,000	
(Mandatory in NH)	N/ A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X JECT X LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) If yes, describe under	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET TORPARTNER/EXECUTIVE NOFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under	TYPE OF INSURANCE ADDL SUBR INSR WYD GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT X LOC AUTOMOBILE LIABILITY ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X PECESS LIAB CLAIMS-MADE DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE ADDL SUBR NSR WYD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CLAIMS-MADE X OCCUR CEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-

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

Re: Five Guys Restaurant 425 Fore St, Portland Me

The City of Portland is an additional insured on the general liability policy as respects to operations of the named insured when required by executed contract prior to the loss/claim.

CERTIFICATE HOLDER	CANCELLATION			
City of Portland 389 Congress 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			
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