

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/07/2017

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						CONTACT Terry Maietta						
Anderson-Watkins Insurance					PHONE (A/C, No, Ext): (207)856-5500 FAX (A/C, No): (207)856-0004							
31 Central Street Westbrook ME 04092-					E-MAIL ADDRESS: tmaietta@andersonwatkinsinsurance.com							
				WIL 04032	INSURER(S) AFFORDING COVERAGE						NAIC #	
					INSURER A : Liberty Mutual						24198	
INSURED					INSURER B :							
Southpaw Sign Studio LLC						INSURER C :						
177 Gray Rd						INSURER D :						
Falmouth			ME 04105-			INSURER E :						
					INSURER F :							
		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.												
INSF LTR	I TPE OF INSURANCE	ADDL SU		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	x		BZA57267703		08/15/2016	08/15/2017	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurr		\$	50,000	
								MED EXP (Any one pe	rson)	\$	5,000	
								PERSONAL & ADV IN	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000	
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/C		\$ \$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	IMIT	\$		
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	:	\$		
									:	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	: :	\$		
	EXCESS LIAB CLAIMS-MAD							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	•	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM	IPLOYEE	\$		
┣—	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER WRITTEN CONTRACT, AGREEMENT OR PERMIT												
CF	RTIFICATE HOLDER				CANO	ELLATION					AI 026996	
CITY OF PORTLAND 389 CONGRESS ST 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 Sheresa L. Maietta							

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