Clie	ent#: 1477857	TINT	EREA		
	TIFICATE OF LIAB			(MM/DD/YYYY) 2/2017	
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	brsement(s).	CONTACT Nancy Durkin			
USI Insurance Services LLC-SCL 103 Main Street		PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110			
South Glens Falls, NY 12803 855 874-0123		E-MAIL ADDRESS: nancy.durkin@usi.com INSURER(S) AFFORDING COVERAGE NAIC #			
		INSURER A : Merrimack Mutual Fire Insurance		19798	
INSURED T International Realty LLC		INSURER B :			
1 Dana Streer		INSURER C :			
Floors 4&5		INSURER D :			
Portland, ME 04101		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 PE					
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC INSR TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY	Y PERTAIN, THE INSURANCE AFFORDE	ED BY THE POLICIES DESCRIBED	HEREIN IS SUBJECT TO ALL T AIMS. B EACH OCCURRENCE \$1,0		
CLAIMS-MADE X OCCUR				,000	
	_		MED EXP (Any one person) \$5,0		
GEN'L AGGREGATE LIMIT APPLIES PER:	—)00,000)00,000	
POLICY PRO- JECT LOC)00,000	
OTHER:			\$		
			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$		
ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident) \$		
HIRED AUTOS			PROPERTY DAMAGE (Per accident)		
UMBRELLA LIAB OCCUR			\$ EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MAI	DE .		AGGREGATE \$		
DED RETENTION \$			\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	(N		PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT \$		
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE \$		
DÉSCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Portland is added as additional insured. Named insured is obtaining a sign permit.					
CERTIFICATE HOLDER		CANCELLATION	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			
		Surt Turtler			

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