

CERTIFICATE OF LIABILITY INSURANCE

INSIG-1 OP ID: PR

DATE (MM/DD/YYYY) 10/10/2017

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)

Certificat	te noider in hed of Such e	indorsement(s).					
PRODUCER Sinclair Insurance Group Inc. 1 Monarch Place Springfield, MA 01144-2410			CONTACT Pauline R. Spingola				
			PHONE (A/C, No, Ext): 413-306-6092	FAX (A/C, No):			
			E-MAIL ADDRESS: pspingola@srfm.com				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
			INSURER A: Liberty Mutual Insurance Co.		23035		
INSURED	Insignia Inc.		INSURER B:				
	dba The Sign Cente 40 Orchard Street		INSURER C:				
	Haverhill, MA 0183		INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAGES CERTIFICATE NUMBER.			DEVICION NUI	MDED.			

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.

INSR LTR	NSR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BKS56377346	12/12/2016	12/12/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		Blanket AI - P&NC						MED EXP (Any one person)	\$	15,000
		Blanket WOS						PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			BA8731653	12/12/2016	12/12/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS WOS NON-OWNED AUTOS BLKT AI						PROPERTY DAMAGE (Per accident)	\$	
	Х	WOS X BLKT AI							\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			USO56377346	12/12/2016	12/12/2017	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 10,000							\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE PAMEMBER EYCLUDED?		WC8734253		12/12/2016	12/12/2017	X PER OTH- STATUTE ER		
Α	ANY				WC8734253			E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	A Binkt Bidg & BPP				BKS56377346	12/12/2016	12/12/2017	Blanket		
	Spec Incl Theft							Bldg/BPP		3,220,813

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

CERTIFICATE HOLDER	CANCELLATION		
CITY City of Portland , ME 389 Congress Street	SHOULD THE EX	ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ANCE WITH THE POLICY PROVISIONS.	
Portland, ME 04101		representative ie L'Apenagla	