NEOKSIG-01



## CERTIFICATE OF LIABILITY INSURANCE

DATE

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Reviewed for Code Compliance Inspections Division Approved with Conditions

02/19/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HO Date: 02/15 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FOLIOLIS 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). CONTACT (A/C, No, Ext): (207) 783-2246 E-MAIL ADDRESS: FAX (A/C, No): (207) 782-7881 Champoux Insurance Agency 416 Sabattus St PO Box 220 Lewiston, ME 04243-0220 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Patriot Insurance Company 32069 INSURED INSURER B: INSURER C: Neokraft Signs, Inc. and NK Equipment LLC 686 Main St 686 Main St INSURER D : Lewiston, ME 04240 INSURER E: INSURER F: **REVISION NUMBER: COVERAGES** CERTIFICATE 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 TYPE OF INSURANCE POLICY NUMBER INSR WVD 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ 9/1/2012 9/1/2013 250,000 CPP6164784 X A COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 15,000 CLAIMS-MADE | X | OCCUR MED EXP (Any one person) S 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE 5 2,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 BA6164784 9/1/2012 9/1/2013 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) S HIRED AUTOS **AUTOS** 5,000,000 Х UMBRELLA LIAB X OCCUR EACH OCCURRENCE 9/1/2013 5,000,000 TBD 9/1/2012 EXCESS LIAB \$ CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT NIA OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Portland is included as an additional insured per witten agreement for general liability and work performed by the named insured. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland City Hall 389 Congress St Portland, ME 04101 **AUTHORIZED REPRESENTATIVE**