

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 030532

This is to certify that 505 Main Street Saco  
has permission to Change to retail furniture home tables, accessories with 2' x 4' and 3' x 4' signs  
AT 505 Fore St Call 038 C016001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit in progress before this building or part thereof is occupied or closed-in.  
**HEAVY NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0532	Issue Date:	CBL: 038 C016001
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Location of Construction: 505 Fore St	Owner Name: 505 Main Street Saco	Owner Address: Po Box 1047	Phone: 883-9051
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Business Name:	Contractor Name:	Contractor Address:	Phone:
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Lessee/Buyer's Name: <i>PATRICIA Rideout</i>	Phone: <i>878-1114</i>	Permit Type: Signs - Permanent	Zone: <i>B3</i>
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Past Use: Ice Cream Shop	Proposed Use: Retail furniture, home textiles, accessories with 2' x 4' and 3' x 4' signs	Permit Fee: \$50.00	Cost of Work: \$0.00	CEO District: 1
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>AM</i> Type: <i>WA</i> <i>UTL</i> <i>5/27/03</i> <i>CH</i>
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Proposed Project Description:  
~~Ice Cream Shop~~ retail furniture, home textiles, accessories with 2' x 4' and 3' x 4' signs

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: kwd	Date Applied For: 05/16/2003	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/27/03</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>5/27/03</i>
	<i>to D.A.</i> <i>see attached</i> <i>D. Andrews 6/8/03</i>		

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

03-0532

# Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

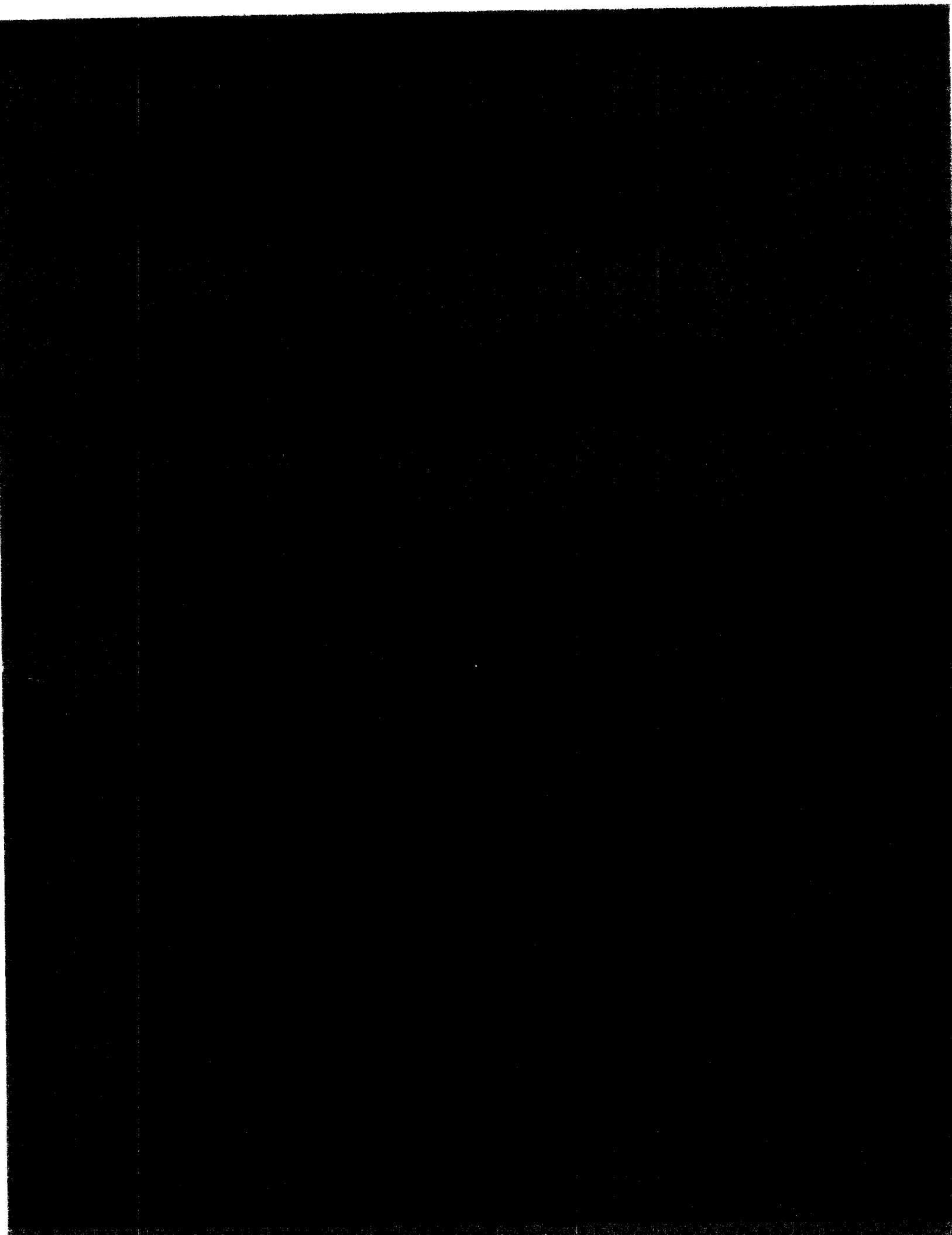
Location/Address of Construction: <u>505 Fore Street (1st Floor, Left)</u>		
Total Square Footage of Proposed Structure <u>FRONT 3' x 4' / 2' x 4' SIDE</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>038</u> Block# <u>C</u> Lot# <u>016</u>	Owner: <u>MARK JORDAN</u>	Telephone: <u>883-9051</u>
Lessee/Buyer's Name (if Applicable) <u>PATRICIA RIDEOUT</u>	Applicant name, address & telephone: <u>(207) 878-1114</u> <u>PATRICIA RIDEOUT</u> <u>FISH KOV INC.</u> <u>87 HUNTINGTON AVENUE</u> <u>PORTLAND, ME 04103</u>	Total s.f. of signage x \$1.00 per s.f. plus \$30.00 = Total Fee: <u>\$ 20 SF</u> Awning Fee = Cost Of Work: \$ <u>30.</u> Total Fee: <u>\$ 50.00</u>
Current use: <u>VACANT</u>		
If the location is currently vacant, what was prior use: <u>TIGER ICE CREAM</u>		
Approximately how long has it been vacant: <u>1-15-03</u>		
Proposed use: <u>Home Furnishings Store</u>		
Project description: <u>Retail space selling home textiles, furniture, &amp; accessories; install sign</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Patricia Rideout</u>		
Mailing address: <u>as above.</u> <span style="float: right;"><u>cell</u></span>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. <b>A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.</b> PHONE: <u>878-1114</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Patricia Rideout</u>	Date: <u>5-10-03</u>
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**This is NOT a permit, you may not commence ANY work until the permit is issued.**



**SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE**

**PLEASE ANSWER ALL QUESTIONS**

ADDRESS: 505 Fore Street <sup>1ST FLOOR, LEFT</sup> ZONE: B-3

CBL: \_\_\_\_\_

SINGLE TENANT LOT? YES \_\_\_\_\_ NO  MULTI TENANT LOT? YES  NO \_\_\_\_\_  
MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES  NO \_\_\_\_\_

**INFORMATION ON PROPOSED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS PROPOSED: ~~7~~ \_\_\_\_\_

① BLDG. WALL SIGN? (attached to bldg) YES  NO \_\_\_\_\_ DIMENSIONS PROPOSED: 2' x 4' = 8'  
② Projecting From Brackett 3' x 4' = 12' m side  
m from over hanging

**INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S):**

FREESTANDING (e.g., pole) SIGN? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_  
BLDG. WALL SIGN(attached to bldg) ? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_  
AWNING? YES \_\_\_\_\_ NO \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

LOT FRONTAGE (FEET): \_\_\_\_\_  
TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET): \_\_\_\_\_

AWNING YES \_\_\_\_\_ NO  IS AWNING BACKLIT? YES \_\_\_\_\_ NO \_\_\_\_\_

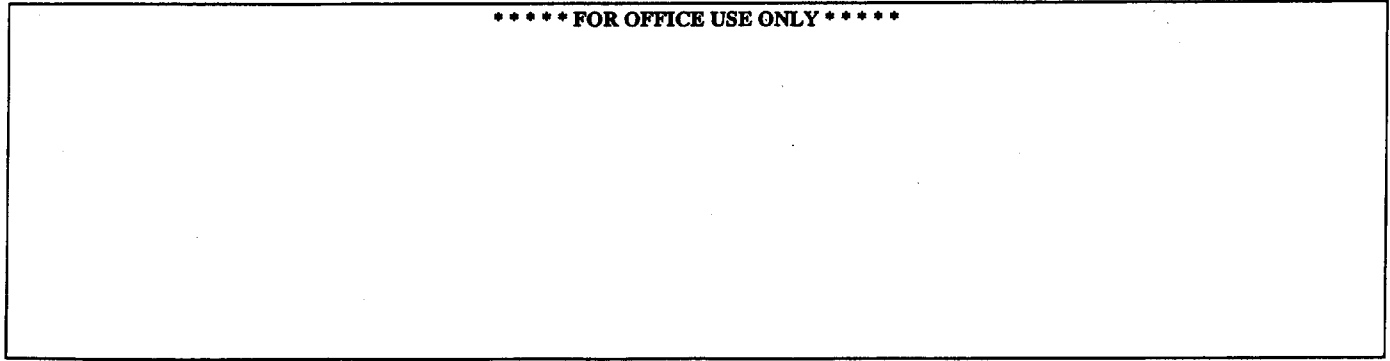
HEIGHT OF AWNING: \_\_\_\_\_ LENGTH OF AWNING: \_\_\_\_\_ DEPTH: \_\_\_\_\_

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TOTAL S.F. OF PANELS WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? \_\_\_\_\_ s.f.

**A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED SIGNAGE ARE ALSO REQUIRED.**

SIGNATURE OF APPLICANT: Patricia Rideout DATE: 5-10-03

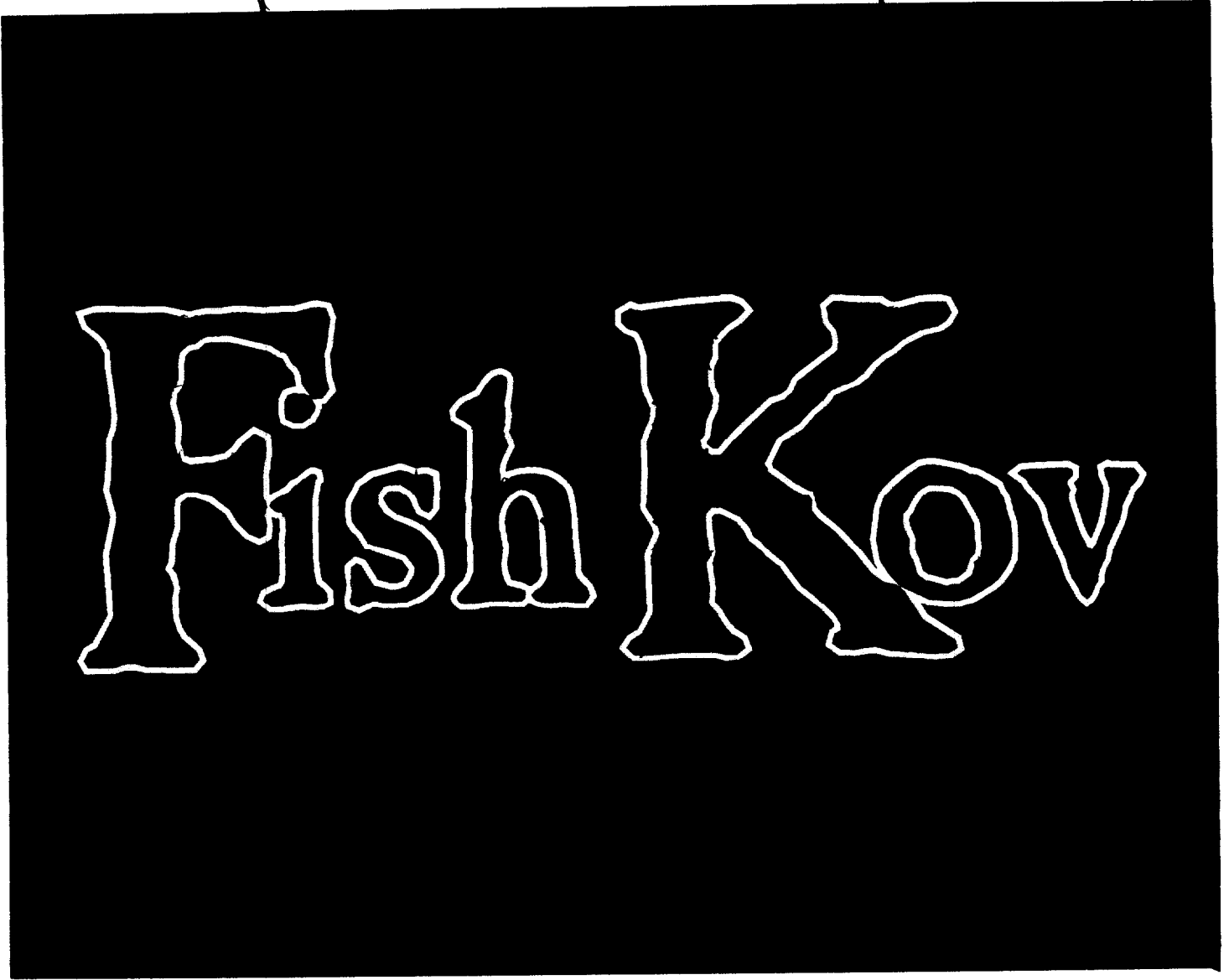


Fish

Kov

Sign #2  
"side"

2'x4'



Sign #1  
Front

~~40x50~~  
36 x 48

Mark Jordan  
505 Main Street Saco Corp  
POB 1047  
Scarborough, Me 04070-1047

April 19, 2003

Re: Signs

Hi Tricia,

This letter provides permission to apply your sign to the building in accordance with the laws of the city of Portland. Any and all permits to do this work are your responsibility as is the insurance for your sign.

Mark Jordan

A handwritten signature in black ink, consisting of a stylized 'M' followed by a large loop and a long horizontal stroke extending to the right.



May 15 03 10:45a

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<b>ACORD INSURANCE BINDER</b>		CSR NT	DATE 05/15/03
<b>THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.</b>			
PRODUCER <b>The Insurance Center, Inc. PO Box 507 42 Thornton Ave. Saco ME 04072 The Insurance Center, Inc.</b>		PHONE (A/C, No, Ext): 207-282-5229	COMPANY <b>MMG Insurance Co</b> BINDER # 2610
CODE: 58		SUB CODE:	
AGENCY CUSTOMER ID: FISHK-1		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>PENDING ISSUE</b>	
INSURED <b>Fish Kov Inc. 505 Fore Street Portland ME 04101</b>		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) <b>home furnishing retail store selling home textiles, furniture and accessories</b>	
		DATE EFFECTIVE 05/14/03	TIME 12:01
		EXPIRATION DATE 06/13/03	TIME NOON

COVERAGES	LIMITS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY CAUSES OF LOSS</b> <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	<b>Contents</b>	500	0	75000
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$1000000 FIRE DAMAGE (Any one fire) \$50000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
<b>AUTO PHYSICAL DAMAGE DEDUCTIBLE</b> <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	RETRO DATE FOR CLAIMS MADE:	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	RETRO DATE FOR CLAIMS MADE:	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b> Valu-Pak endorsement has been added which includes glass. Additional insureds include the City of Portland and 505 Main Street Copr.		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

<b>NAME &amp; ADDRESS</b>		<input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE	
505MAIN 505 Main Street Corp.  PO Box 1047 Scarborough ME 04070-1047		LOAN #	
		AUTHORIZED REPRESENTATIVE <i>David Love</i> The Insurance Center, Inc.	

May 15 03 10:45a

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		CSR NT <b>FISHK-1</b>	DATE (MM/DD/YYYY) <b>05/15/03</b>
PRODUCER  The Insurance Center, Inc. PO Box 507 42 Thornton Ave. Saco ME 04072 Phone: 207-282-5229		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED  Fish Key Inc. Tricia Rideout 505 Fore Street Portland ME 04101		INSURERS AFFORDING COVERAGE INSURER A: <b>MMG Insurance Co</b> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # <b>15997</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	POLICY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>PENDING ISSUE</b>	<b>05/14/03</b>	<b>05/14/04</b>	EACH OCCURRENCE \$ <b>1000000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1000000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>1000000</b>
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**home furnishing retail store selling home textiles, furniture and accessories**  
**505 Main Street Corp. is an additional insured on this policy**

<b>CERTIFICATE HOLDER</b>  <div style="text-align: right; margin-right: 50px;"><b>505MAIN</b></div> 505 Main Street Corp PO Box 1047 Scarborough ME 04070-1047	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>David J. Jorg</i> The Insurance Center, Inc.
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May 15 03 10:47a

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**Coverages Included in BOP Policy**

- \* Replacement Cost Valuation
- \* No Coinsurance
- \* Automatic inflation guard on buildings (options of 2%, 4%, and 8%)
- ~~500~~ \* ~~\$250~~ deductible with higher options available
- \* Equipment Breakdown

**Property Coverages Included:**

- \* *Valuable Papers* *\$5,000 On Premises / \$2,500 Off*  
Provides coverage for losses to Valuable Papers owned by the insured due to Direct Physical Loss.
- \* *Business Personal Property off Premises* *\$5,000*  
Provides coverage for business personal property while temporarily off the premises.
- \* *Outdoor Property* *\$2,500*  
Provides coverage for outdoor property such as fences, radio and television antennas, signs (other than attached to the building), trees, shrubs, and plants including debris removal resulting from fire, lightning, explosion, riot or civil commotion, or aircraft, (not more than \$500 tree, shrub or plant).
- \* *Debris Removal* *25% of loss*  
Pays your expense to remove debris from covered property resulting from a covered cause of loss. Total loss amount paid out will not exceed limit of insurance provided by the policy.
- \* *Preservation of Property* *(30 Days)*  
If it becomes necessary to move covered property from the premises to preserve from loss or damage by a covered cause of loss, than any direct physical loss of or damage to that property at the temporary location will be covered for up to 30 days after property was originally moved.
- \* *Fire Department Service Charge*  
Covers insured's liability for Fire Department Service Charge when the fire department is called upon to protect covered property from a covered loss.
- \* *Loss of Business Income and Extra Expense Actual Loss (12 Months)*  
Provides loss of business income during, or the extra expense incurred as a result of, the suspension of normal operations during the period of reconstruction following Direct Physical Loss for no more than 12 consecutive months.
- \* *Pollutant Clean Up & Removal* *\$10,000*  
Provides coverage for the clean up or removal of pollutants from the premises if the discharge, dispersal, seepage, migration, release or escape of the pollutants was the result of a covered cause of loss.
- \* *BPP at a Newly Acquired Premises* *\$100,000 Each Premises*  
Coverage is extended to cover Business Personal Property at a newly acquired premise.
- \* *Money & Securities* *\$10,000 On Premises / \$2,000 Off*  
Provides coverage for Money & Securities from loss due to theft, disappearance, & destruction.
- \* *Exterior Sign Attached to the Building* *\$1,000*  
Provides coverage for loss to an exterior sign attached to the building resulting from a covered cause of loss.
- \* *Peak Season for Business Personal Property 25%*  
Business Personal Property will automatically increase by 25% to provide for seasonal variations.
- \* *Accounts Receivable Coverage* *\$5,000 On Premises / \$2,500 Off*
- \* *Money Orders and Counterfeit Paper Currency* *\$1,000*
- \* *Forgery and Alteration* *\$2,500*
- \* *Ordinance or Law - Increased Cost of Const.* *\$5,000*  
If building is insured on replacement cost basis.
- \* *Exterior Building Glass*  
Up to the building limit shown in declarations.

**Liability Coverages Included:**

- \* Commercial General Liability Aggregate(Double the occurrence limit).
- \* Fire Legal Liability (\$50,000 with options to increase).
- \* Bodily Injury & Property Damage
- \* Premises Liability
- \* Products and Completed Operations
- \* Personal and Advertising Injury
- \* Medical Expenses (\$5,000 per person)

**Coverages included in the BOP Valu-Pak (Optional Coverage):**

- \* *Accounts Receivable* (\$20,000 on / \$10,000 off)  
Provides coverage for losses to Accounts Receivable owned by the insured due to Direct Physical Loss.
- \* *Valuable Papers* (\$20,000 on / \$10,000 off)  
Provides coverage for losses to Valuable Papers owned by the insured due to Direct Physical Loss.
- \* *Property off Premises (incl. transportation)* (\$10,000)  
Provides coverage for Business Personal Property while temporarily off the premises.
- \* *Property of Others* (\$10,000)  
Provides coverage for Property of Others that you are responsible for while at your premises.
- \* *Fine Arts* (\$10,000)  
Provides coverage for losses to Fine Arts owned by the insured due to Direct Physical Loss.
- \* *Signs* (\$5,000)  
Covers any Signs while on your premises due to Direct Physical Loss.
- \* *Glass* (\$5,000)  
Covers damage to Glass that is part of or attached to the building at the described premises.
- \* *Money & Securities* (\$10,000)  
Provides coverage for Money & Securities from loss due to theft, disappearance, &/or destruction.
- \* *Employee Dishonesty* (\$10,000)  
Covers for loss of money, securities, & other business personal property by dishonest or fraudulent acts by employees subject to conditions listed in the Commercial Preference form.
- \* *Refrigerated Goods Spoilage* (\$10,000)  
Covers direct loss or damage from spoilage to refrigerated and frozen goods located on your premises.
- \* *Computer & Data Processing* (\$10,000 Hardware / \$2,500 Software)  
Covers computer & data processing equipment you own, lease, or rent from others.
- \* *Business Income from Dependent Properties* (\$10,000)  
Will cover the actual loss of business income you sustain due to the necessary suspension of your "operations" during the "period of restoration". The suspension must be caused by direct physical loss or damage at the premises of a "contingent business property", caused by a covered cause of loss.
- \* *Ordinance, Regulation, or Law* (\$25,000)  
Coverage for increased costs to repair, rebuild, or reconstruct that specific portion of the building damaged by a covered cause of loss and due to the enforcement of an ordinance, regulation or law.
- \* *Ordinance or Law "Inc. Period of Restoration"* (\$25,000)  
Will cover business income loss sustained during the increased period of suspension of "operations" caused by or resulting from the enforcement of an ordinance or law.
- \* *Sewer & Drain Back-up* (\$5,000)  
Provides coverage for Direct Physical Loss as a result of sewer or drain back-up.

11/22/04

Sign gone - business moved  
~~OK to close JMB~~