

HBARRINGTON

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

7/27/2017

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 have ADDITIONAL INSURED provisions or 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).

lt tł	SUBROGATION IS WAIVED, subjecting subjectificate does not confer rights:	ct to	tne cert	terms and conditions of ificate holder in lieu of su	tne po ıch end	ilicy, certain dorsement(s)	policies may	require an endorse	ement.	A statement on	
PRODUCER Norton Insurance Agency						CONTACT Hannah Barrington					
						PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No):					
	US Route 1 nberland Foreside, ME 04110				E-MAIL ADDRESS:						
INSURED Maine Custom Signs and Woodworking LLC 85 Gordon Farms Rd						INSURER(S) AFFORDING COVERAGE					
						INSURER A : MMG Insurance Company				15997	
						INSURER B:					
						INSURER C:					
						RD:					
Gorham, ME 04038					INSURE	RE:					
						INSURER F:					
СО	VERAGES CEF	RTIFI	CATE	NUMBER:				REVISION NUMBE	R:		
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA Y THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RI	ESPECT	TO WHICH THIS	
INSR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMITS		
A	X COMMERCIAL GENERAL LIABILITY		WVD			(MM/DD/YYYY)	01/14/2018	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR			CP12338155		01/14/2017		DAMAGE TO RENTED PREMISES (Ea occurrence	;e) \$	300,000	
								MED EXP (Any one persor	.	5,000	
								PERSONAL & ADV INJUR		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP /		2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMITED (Ea accident)	T \$		
	ANY AUTO							BODILY INJURY (Per pers	son) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acci	ident) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED O	\$ 5		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER O'STATUTE EF	TH- R		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLO			
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$		
DES Cert	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Ificate holder has additional insured st	CLES (A	ACORE	D 101, Additional Remarks Schedu e policies indicated in the o	ıle, may b column	e attached if mor above as rec	re space is requir quired by writ	ed) ten contract			
	DIEICATE HOLDER				CAN	CELLATION					
CERTIFICATE HOLDER						CANCELLATION					
City of Portland 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 John J. Tawww.					