

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/15/2014

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

	e terms and conditions of the policy rtificate holder in lieu of such endor			icies may require an e	ndorsement.	A state	ement on this	certificate does not con	nfer ri	ghts to the
PROD	Anderson-Watkins Insurance 31 Central Street				CONTACT NAME:	Terry	Maietta			
					PHONE (A/C, No, Ext):	(207)	856-5500	FAX (A/C, No):	856-0004	
	Westbrook	ME	ME 04092	È-MAIL ADDRESS:						
								DING COVERAGE		NAIC #
					INSURER A : P	eerless	Insurance			24198
INSU	RED				INSURER B :					
17	Southpaw Sign Studio LLC	C ME		INSURER C :						
	177 Gray Rd			INSURER D :						
	Falmouth		ME 04105-	INSURER E :						
					INSURER F:					
COV	/ERAGES CE	REVISION NUMBER:								
IN CE	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	REQUIR PERTA	EMENT AIN, TH	T, TERM OR CONDITION HE INSURANCE AFFORI	N OF ANY CON DED BY THE P	TRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPE	CT TC	WHICH THIS
	CLUSIONS AND CONDITIONS OF SUCH			MITS SHOWN MAY HAVE						
INSR LTR	TYPE OF INSURANCE ADDL SUBRINSR WVD POLICY NUMBER			POLI (MM/D	CY EFF D/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	GENERAL LIABILITY	X	R	OD8865683	08/15	2014	08/15/2015	EACH OCCUPPENCE		1.000.000

INSR LTR	TYPE OF INSURANCE	ADDL S	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMITS		
Α	GENERAL LIABILITY	X			1 '	08/15/2015	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER IS AN ADDITIONAL INSURED PER WRITTEN CONTRACT, AGREEMENT OR PERMIT									

CERTIFICATE HOLDER		CANCELLATION AI 0269	96
CITY OF PORTLAND 389 CONGRESS ST		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
PORTLAND	ME 04101-	Sheresa L. Maietta	