



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2017

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).

PRODUCER
Cross Insurance-Portland
2331 Congress Street
Portland ME 04102
INSURER
Glidden Signs Inc, DBA: Burr Signs
40A Manson Libby Road
Scarborough ME 04074
INSURER F:
INSURER E:
INSURER D:
INSURER C: Maine Employers Mutual Ins Co 11149
INSURER B: Ohio Casualty Insurance Company 24074
INSURER A: Ohio Security Ins Co 24082
INSURER(S) AFFORDING COVERAGE
NAIC #

CONTACT NAME: Ben Stallman
PHONE (A/C, No. Ext): (207) 780-1677
FAX (A/C, No.): (207) 780-6377
E-MAIL ADDRESS: bstallman@crossagency.com
REVISION NUMBER:
CERTIFICATE NUMBER: CL1732704350

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	TYPE OF INSURANCE	ADSL SUBR (MM/DD/YYYY)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	BKS57799151	3/25/2017	3/25/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Collapse
A	ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	<input checked="" type="checkbox"/>	BAS57799151	3/25/2017	3/25/2018	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 Underinsured Motorist \$ 1,000,000
B	UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE	<input checked="" type="checkbox"/>	US057799151	3/25/2017	3/25/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 Retention \$ 10,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below If yes, describe under	<input type="checkbox"/> Y/N	1810110281	3/25/2017	3/25/2018	E.L. DISEASE - POLICY LIMIT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. EACH ACCIDENT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Portland is named as Additional Insured with respect to General Liability when required by written contract.

CERTIFICATE HOLDER

City of Portland
1067 Riverside Street Unit #2
Portland, ME 04102

AUTHORIZED REPRESENTATIVE

Ben Stallman/BST

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

CANCELLATION

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ACORD 25 (2014/01)

INS025 (201401)