

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2011-08-2091-SIGN

CBL: 053 - - D - 007 - 001 - - - - -

has permission to install a 36' x 6' temporary banner

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

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

[Signature] 9/8/11

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-08-2091-SIGN

Located At: 22 BRAMHALL ST

CBL: 053 - - D - 007 - 001 - - - -

Conditions of Approval:

Zoning

1. This permit is being issued with the condition that the banner is temporary. It will be installed September 1, 2011 and must be removed by November 25, 2011.
2. This is the third year that the United Way has applied for these banners. They were originally approved in 2009 under section 14-368.5(g) by Deb Andrews. Since the banner is the same, this approval still stands for this year's banner.

Building

1. Signage Installation to comply with Chapters 31 & 32 of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-08-2091-SIGN	Date Applied: 8/26/2011	CBL: 053 - - D - 007 - 001 - - - - -	
Location of Construction: 22 BRAMHALL ST	Owner Name: Maine Medical Center	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone: 207-871-0111
Business Name:	Contractor Name: Ainsley Wallace, United Way	Contractor Address: P.O. Box 15200 PORTLAND ME 04112	Phone: (207) 874-1000
Lessee/Buyer's Name:	Phone:	Permit Type: Sign - Temporary Banner	Zone: C-41
Past Use: Maine Medical Center	Proposed Use: Same - Maine Medical Center- install 36' x 6' temporary banner for the United Way - installed 9/1/11 & removed by 11/25/11	Cost of Work:	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature.	Inspection: Use Group: Type: Signature
Proposed Project Description: 36' x 6' Temporary Banner for United Way		Pedestrian Activities District (P.A.D.)	
Permit Taken By:		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK w/ conditions</i> <i>9/8/11</i> <i>ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>ABM</i></p>
	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



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>Maine Medical Center</u> <u>22 Bramhall Street, Portland</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>871-0111</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>MMC</u> <u>22 Bramhall St</u> <u>Portland ME 04102</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For I.I.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____
Who should we contact when the permit is ready: <u>Mary Beltrante</u> phone: <u>874-1000</u>		
Tenant/allocated building space frontage (feet): Length: <u>36'</u> Height: <u>6'</u> Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____		
Current Specific use: _____ If vacant, what was prior use: _____ Proposed Use: _____		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes _____ No <input checked="" type="checkbox"/> Dimensions proposed: _____ Height from grade: _____ Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>30' x 6'</u>		
Proposed awning? Yes _____ No <input checked="" type="checkbox"/> 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 w/communications, message, trademark or symbol: _____ s.f.		
Information on existing and previously permitted sign(s): Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____ Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions: _____ Awning? Yes _____ No _____ Sq. ft. area of awning w/communication: _____		
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 and existing building are also required.		

RECEIVED

AUG 26 2011

Dept. of Building Inspections
City of Portland, Maine

Please submit all of the information outlined in the Sign/Awning Application Checklist.
Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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>Mary Beltrante</u>	Date: <u>8/19/11</u>
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This is not a permit, you may not commence ANY work until the permit is issued



Permit Application Details

**Maine Medical Center
22 Bramhall Street, Portland, ME
August 2011**

- Enclosed please find:** Certificate of Liability
Letter of permission from the property owner
- Construction:** The banner is produced by Britten Banners, an international banner production company. It is made to order for this particular location. It is made of vinyl with metal grommets for fastening.
- Details for fastening:** This is a temporary banner that will attach to the building using a traditional grommet system, easily attached and removed from the building.
- Questions:** Mary Beltrante, 874, 1000 x 2309

Thank you for all of your support with our building banner project. It was a huge success last year and we had a great deal of positive support and input from the community.

vway



United Way
of Greater Portland

AdMesh Vinyl Coated Scrim 9x9

AdMesh Vinyl Coated Scrim 9x9 is a lightweight, porous fabric that allows air to flow through it. It is ideally suited for signs, banners or as a protective barrier for scaffolding or bleachers. AdMesh Vinyl Coated Scrim 9x9 can be used on most inkjet printing machines or can be screen printed.

Applications:
Screen printing

Properties	Test Method	Results
Support Cloth		9x9 1000D Polyester
Weight	5041	6.5 oz/yd ²
Type of Coating		PVC
Width		62"
Tensile Strength	5100(warp x fill)	209 x 204 lbs/inch

- Breathable
- Flexible
- High Tensile Strength
- Heat Sealable
- Rot & Tear Resistant

Available Colors:

Standard Green	Red
Standard Orange	Bermuda Blue
BFI Blue	Black
Standard Yellow	C. Green
Fluorescent Orange	Saturn Yellow

The above information on physical and chemical characteristics is based upon test believed to be reliable. The values are intended only as a source of information. They are given without guaranty and do not constitute a warranty. The purchaser should independently determine prior to use, the suitability of this material for his/her specific purpose. (Data represents averages and is not intended for use as a specification.)

CITY OF NEW YORK
DEPARTMENT OF BUILDINGS

Pursuant to Administrative Code Section 27-131, the following equipment or material has been found acceptable for use in accordance with, the Report of Materials and Equipment Acceptance (MEA) Division.

Richard C. Visconti, R.A., Acting Commissioner
MEA109-00-M

Report of Material and Equipment Acceptance Division Manufacturer-
Britten Inc., 2322 Cass Road, Traverse City, Michigan 49684.

Trade Name - Admesh Vinyl-Coated Scrim

Product - PVC coated fabric for flex sign.

Pertinent Code Section(s) -27-499, 27-501, 27-506, 27-507, and TPPN #11/99.

Prescribed Test(s) - RS 7-3 [NFPA 701 (Test Method 2)].

Laboratory - Govmark Organization Inc.

Test Report(s) - Test Report #2-278410-0, dated March 3, 2000

Description - Admesh Vinyl-Coated Scrim material for use as flex sign, is a polyester fabric coated with PVC Vinyl. It is used for large hanging banners and signs. It can be printed on

Recommendation - That the above material be accepted as meeting the flame resistance requirements of Section 27-506 and 27-507 of the Building Code, for use on flex signs. The acceptance of this material is limited to flame resistance only. Structural and other requirements shall be in accordance with pertinent Building Code provisions and Technical Policy and Procedure Notice #11/99. All installations, uses and locations shall be in accordance with the New York City Building Code, specifically with Section 27-499 and 27-501, and the Zoning Resolution. All shipments and deliveries of such materials shall, in addition, be accompanied by a tag, certifying that the materials shipped or delivered is equivalent to those tested and accepted for use, as provided for in Section 27-131 of the Building Code.

Final Acceptance *ftp*

Examined By _____
Bhicks

Mary Beltrante

From: Liz Smith
Sent: Wednesday, August 03, 2011 9:20 AM
To: Mary Beltrante; Suzanne McCormick
Subject: FW: United Way permits from 2010

The City has waived banner fees for this year – see below.

I will send the City Manager a thank you unless one of you prefers to. Please let me know.

Liz

Liz Smith
Senior Associate
Marketing & Communications
United Way of Greater Portland
207.874.1000 x 2342
www.liveunitedportland.org

From: Anita LaChance [<mailto:ARL@portlandmaine.gov>]
Sent: Wednesday, August 03, 2011 9:08 AM
To: Liz Smith
Subject: Re: United Way permits from 2010

Hi Liz. The City Manager has approved the waiving of these fees. I will inform the Inspections Division.

Anita

Anita R. LaChance
Assistant City Manager
City of Portland
207-874-8673



August 18, 2011

Project and Development Department
Building Inspection
City of Portland

To Whom It May Concern,

As Executive Vice President and Chief Operating Officer for the Maine Medical Center and manager of the Maine Medical Center building at 22 Bramhall Street in Portland, Maine, I am writing to give my full support of this application to hang a temporary banner on this location during the Fall of 2011.

The United Way of Greater Portland is an essential part of our community and the annual campaign plays a significant and important role in the health and well-being of the people of Portland. We would like to be a part of the LIVE UNITED campaign and encourage all local companies and individuals to do what they can do to change lives throughout Greater Portland by giving, advocating and volunteering.

Thank you for your consideration of this application.

Sincerely,

Jeffrey Sanders
Executive Vice President & Chief Operating Officer

/c



CERTIFICATE OF LIABILITY INSURANCE

OP ID: M5

DATE (MM/DD/YYYY)
08/19/11

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 TD Insurance, Inc. (ME) PO Box 406 Portland, ME 04112-0406 TD Insurance, Inc.	207-239-3500	CONTACT NAME: Melissa Ledoux	
	207-775-0339	PHONE (A/C, No., Ext): 207-239-3660	FAX (A/C, No): 207-775-0339
		E-MAIL ADDRESS: Melissa.Ledoux@TDInsure.com	
		PRODUCER CUSTOMER ID #: UNIT-16	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED United Way Inc. dba United Way of Greater Portland P.O. Box 15200 Portland, ME 04112	INSURER A: Philadelphia Indemnity Ins Co		18058
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	PHPK502680	01/01/10	01/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)
Banner hanging September 12, 2011 - October 31, 2011.

CERTIFICATE HOLDER	CANCELLATION
MAINE02 Maine Medical Center 22 Bramhall Street 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 TD Insurance, Inc.

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OP ID: M5

DATE (MM/DD/YYYY)

08/19/11

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PRODUCER TD Insurance, Inc. (ME) PO Box 406 Portland, ME 04112-0406 TD Insurance, Inc.		207-239-3500 207-775-0339	CONTACT NAME: Melissa Ledoux PHONE (A/C, No., Ext): 207-239-3660 FAX (A/C, No): 207-775-0339 E-MAIL ADDRESS: Melissa.Ledoux@TDInsure.com PRODUCER CUSTOMER ID #: UNIT-16
INSURED United Way Inc. dba United Way of Greater Portland P.O. Box 15200 Portland, ME 04112		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		PHPK654094	01/01/11	01/01/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	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)
 Banner hanging September 12, 2011 - October 31, 2011.

CERTIFICATE HOLDER**CANCELLATION**

MAINE02 Maine Medical Center 22 Bramhall Street 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 TD Insurance, Inc.
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Maine Medical Center banner image from 2009

