

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2015

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).

certificate holder in lieu of such endorsement(s).			
PRODUCER	CONTACT NAME:		
Champoux Insurance Agency PO Box 220 Lewiston, ME 04243-0220	PHONE (A/C, No, Ext): (207) 783-2246	FAX (A/C, No): (207) 782-7881	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Patriot Insurance Company		32069
INSURED	INSURER B: Frankenmuth Mutual Ins. Co.		13986
Neokraft Signs, Inc. and NK Equipment LLC 686 Main St 686 Main St Lewiston, ME 04240	INSURER C:		
	INSURER D:		la series de la companya della companya della companya de la companya de la companya della compa
	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION N	UMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO	ION OF ANY CONTRACT OR OTHER DOCUMENT \	WITH RESPECT TO	WHICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL|SUBR INSR LIMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD 1,000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 CPP6164784 09/01/2015 09/01/2016 Х CLAIMS-MADE Contractual Liab 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY 2,000,000 \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT \$ 1,000,000 **AUTOMOBILE LIABILITY** В 09/01/2015 | 09/01/2016 BODILY INJURY (Per person) \$ BA 6164784 ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ X 5,000,000 **UMBRELLA LIAB EACH OCCURRENCE** OCCUR \$ **EXCESS LIAB** 09/01/2015 09/01/2016 Α CPP6164784 CLAIMS-MADE AGGREGATE \$ 10,000 5,000,000 DED X RETENTION \$ Aggregate \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 09/01/2015 | 09/01/2016 | rented or leased equ **Equipment Floater** CPP6164784 140,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Portland is included as an additional insured per witten agreement for general liability and work performed by the named insured.



City of Portland	City Hall
389 Congress St	: -

Portland, ME 04101

CERTIFICATE HOLDER

CANCELLATION

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

Jone Selanger