

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

INSPECTION

PERMIT

Permit Number: 06099

PERMIT ISSUED

JUL 26 2006

CITY OF PORTLAND

This is to certify that KEY LLC /Maine Banner & Medical Co.

has permission to new signage- 3- 30" x 96" s

AT 959 CONGRESS ST

PL 065 A015001

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission proceeds before this building or part thereof is started or closed-in. 4 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature] 7/25/06

Director, Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0998	Issue Date: PERMIT ISSUED JUL 26 2006	CBL: 065 A015001
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Location of Construction: 959 CONGRESS ST	Owner Name: KEY LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Maine Banner & Decal Co.	Contractor Address: 16 Bonnie Ave CITY OF PORTLAND	Phone: 2074654200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: Commercial - Mercy Hospital Face River Urology	Proposed Use: Commercial/ new signage- 3- 30" x 96" signs	Permit Fee: \$150.00	Cost of Work: \$150.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: U Type: Sign IBC 2003	

Proposed Project Description:

Signature: _____
Signature: _____
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 07/07/2006	Zoning Approval
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<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 information 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"/> Wetland <i>N/A applying to planning under Section 14-361.5(5)</i></p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: _____</p>	<p>Zoning Appeal</p> <p><input checked="" type="checkbox"/> Variance <i>Sign</i></p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input checked="" type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: 7/19/06</p> <p><i>D. Andrews</i></p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District 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 <i>AKU</i></p> <p>Date: _____</p>
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0998	Date Applied For: 07/07/2006	CBL: 065 A015001
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Location of Construction: 959 CONGRESS ST	Owner Name: KEY LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Maine Banner & Decal Co.	Contractor Address: 16 Bonnie Ave Oakland	Phone: (207) 465-4200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	
Proposed Use: Commercial/ new signage- 3- 30" x 96" signs		Proposed Project Description: new signage- 3- 30" x 96" signs	

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 07/25/2006
Note: **Ok to Issue:**

1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Dept: Planning **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 07/19/2006
Note: **Ok to Issue:**

Comments:

7/14/06-amachado: Left message for Bob Mastison. Can't do three signs. Need more information on the size of the sign.

7/14/06-amachado: Bob left message. Dimension given for sign includes the semis circle above the name.

7/17/06-amachado: Vivcki Sullivan from Mercy Hospital is asking planning to approve the three signs instead of the two that is allowed for a multi-tenant building in the B2.





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>959 CONGRESS ST. PORTLAND ME 04101</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>65</u> Block# <u>A</u> Lot# <u>15</u>	Owner: <u>KLY, LLC</u> <u>50 PORTLAND PIKE</u> <u>PORTLAND ME</u> <u>Suite 400</u>	Telephone: <u>207 828</u> <u>1080</u>
Lessee/Buyer's Name (If Applicable) <u>MERCY HOSPITAL</u>	Contractor name, address & telephone: <u>MAINE BANNER & DECAL</u> <u>10 BINNIC AVE</u> <u>ORLAND ME</u> <u>04963</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: BOB MATTISON phone: 207 465 4200

Tenant/allocated building space frontage (feet): Length: 2nd Floor Height: _____
Lot Frontage (feet) 165 Single Tenant or Multi Tenant Lot 2 Tenants

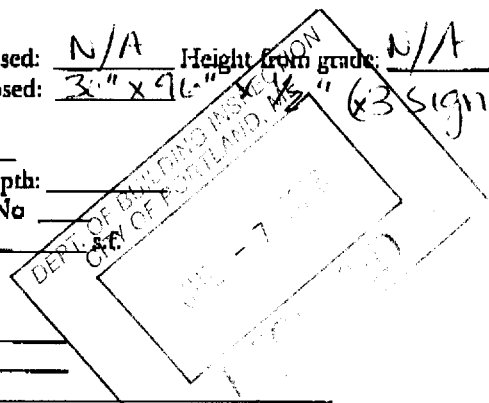
Current Specific use: _____
If vacant, what was prior use: _____
Proposed Use: _____

Information on proposed sign(s):
 Freestanding (e.g., pole) sign? Yes No Dimensions proposed: N/A Height from grade: N/A
 Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed: 3" x 96" (3 signs)

Proposed awning? Yes No 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: _____

Information on existing and previously permitted sign(s): NA
 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 buildings 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.



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: [Signature] Date: 7/6/06

This is not a permit (if you) may not commence ANY work until the permit is issued.

From: "Vicki Dillingham" <dillinghamv@mercyme.com>
To: <amachado@portlandmaine.gov>
Date: 7/17/2006 3:11:11 PM
Subject: Appeal for Signage at 959 Congress Street

Good afternoon, Ann. As a follow up to our telephone conversation this morning, it is our understanding that the 959 Congress Street building housing both Fore River Urology and HRH Insurance is zoned B2 and since it is a multi-tenant unit, we are only allowed to have 2 external signs on the building since it abutts both Congress St and St John St.

We wish to appeal this decision for the following reason(s) which we feel necessitates 3 external signs:

Although the building is on the corner of Congress and St John, the actual main entrance for Fore River Urology is off the parking lot surrounding the back side of the building. There are 2 doors on the St John side of the building with an address of 300 St John Street (with limited access to our practice) and no doors on the Congress St side so the building is not recognized as 959 Congress.

As a Urology practice, the majority of our patients are older so we feel it is critical to offer exterior signs that do not lead to confusion for the patient. The 2 approved signs will provide ample visibility for patients coming up or down Congress St; however, for patients coming from either direction on St. John St, neither of the signs would be visible to the patient until they are actually passing by the building. In addition, once a patient parks their car, there would be no visible sign (except for small letting on the glass entrance door) that the main entrance is off the parking lot.

We are hoping that the City will make an exception for us regarding the signage. Please contact me with any questions or further information you may need in order to evaluate this appeal.

Much thanks for your time and consideration.
Vicki Dillingham
Mercy Hospital
207-879-3056

**** Confidential Notice ****

The information contained in this message may be privileged and is confidential information intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distributing or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately by replying to the message and deleting it from your computer. Thank You
Mercy Health System of Maine

**** Mercy Hospital Notice ****

Important news about email communications.
Within the next few weeks, Mercy Hospital and the VNA will implement a secure email policy. You have received this message because this email may contain information that will be secured in the future. When the policy is implemented, you will receive a ZixMail Secure Message with a link to view your message. To access your message follow the three easy steps below:

1. Click on the link provided in the notification email
2. Create a password
3. Click "Submit"

If you need assistance in accessing your secure message contact our help desk at (207) 879-3475 or e-mail us at helpdesk@mercyme.com

Mercy Health System of Maine

CC: "William Connolly" <connollyb@mercyme.com>, "Bethany Wilson" <wilsonb@mercyme.com>

ONE WAY 1

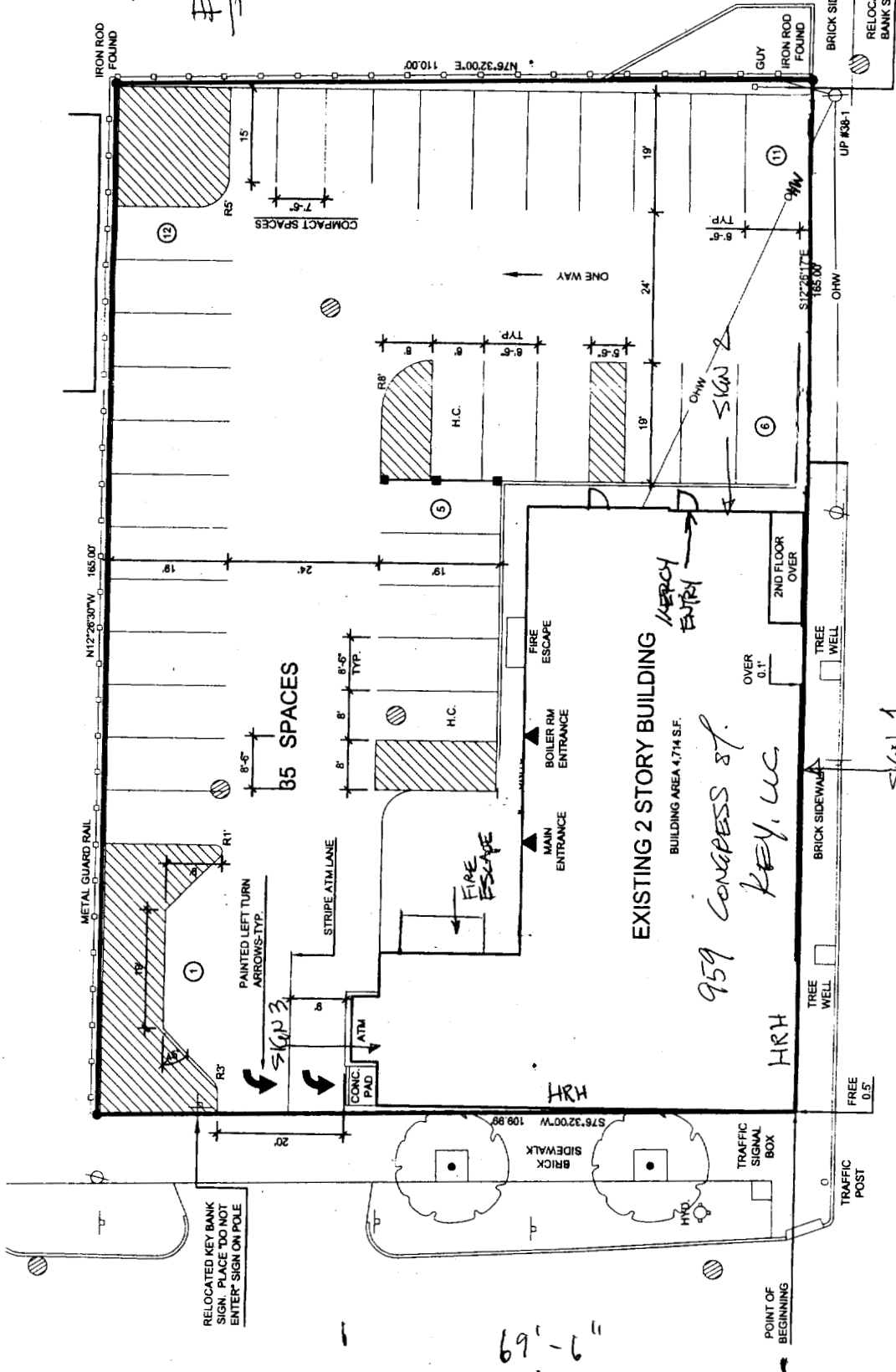
CONGRESS STREET

"7'-6"

76606

EXHIBIT B

N/F
DOMINIC REALI
12523/331



ST. JOHN STREET

96'-6"

22' north - front, maximum area 11'

St. John St. - 1.5 x 96.5 = 144.75 ft² - HRH 10.25 ft²
 - for fire velocity 20.1 ft²
 Congress - 1.5 x 69.5 = 104.25 ft² - HRH 10.25 ft²

1.5 x 60' per need of 60 ft.

* 1 per business - if front or rear than one sheet
 Additional sign for each additional front but 1/2 max x allowed

permit # 05-1651
signs for HRC

SIGNAGE PRE-APPLICATION

PLEASE ANSWER ALL QUESTIONS

ADDRESS: 959 Congress Street ZONE: _____

OWNER: Key, LLC

APPLICANT: HRH Corporation

ASSESSOR NO. _____

PLEASE CIRCLE APPROPRIATE ANSWER

SINGLE TENANT LOT? YES NO

MULTI-TENANT LOT? YES NO

FREESTANDING SIGN? (ex. Pole sign) YES NO --- DIMENSIONS _____ HEIGHT _____

MORE THAN ONE SIGN? YES NO DIMENSIONS _____ HEIGHT _____

SIGN ATTACHED TO BLDG.? YES NO DIMENSIONS 2'-5" x 5'-11 1/2"

MORE THAN ONE SIGN? YES NO DIMENSIONS 2'-5" x 5'-11 1/2"

AWNING: YES NO IS AWNING BACKLIT? YES NO HEIGHT OFF SIDEWALK _____

IS THERE ANY MESSAGE, TRADEMARK OR SYMBOL ON IT? _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS:

-N/A-

*** TENANT BLDG. FRONTAGE (IN FEET): 96'-6" and 69'-6"
*** REQUIRED INFORMATION

AREA FOR COMPUTATION

-see drawing-

max w/m area at sign 150 #

Congress: $69.5 \times 2 = 139 \#$

St. John: $96.5 \times 2 = 193 \#$

1 per facade facing $\frac{1}{2}$ abutment

$\times 1 = 3$

Congress " $43.5 \times 17.5 = 761.25 = 5.1$
 $28.5 \times 25 = 712.5 = 4.9$
 $\rightarrow 10.25 \#$

St. John - same sign 10.25 #

OK

YOU SHALL PROVIDE:

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF PROPOSED ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: [Signature] - Shane Moffett DATE 11-2-05

EXTERIOR BUILDING SIGNS

EXHIBIT C



30" X 97" X 8" OVERALL - SINGLE FACE INTERNALLY ILLUMINATED EXTERIOR WALL SIGN

\$ 2,783.00



30" X 96" X 1/2" WHITE VINYL COVERED PLYWOOD WITH TREATED RETURNS \$305.00EA.

(X2) = \$770.00

20" is 1/2 kg of semi circle

30 x 96.5 = 2895 # = 20.1 #

7/6/04

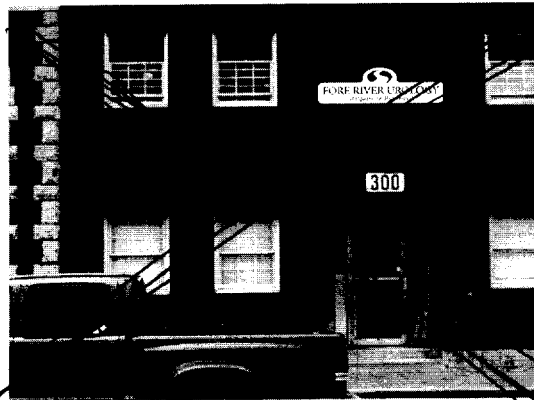
KEY, LLC

S CONGRESS STREET

EXHIBIT A



SIGN 2



SIGN 1



SIGN 3

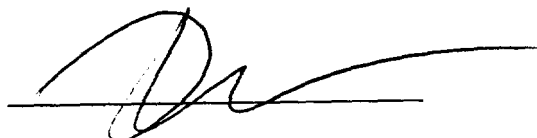
Key, LLC
50 Portland Pier, Suite 400
Portland, ME 0410

July 6, 2006

To Whom it Concerns:

I grant permission to Mercy Hospital dba Fore River Urology to install the three signs on the building located at 959 **Congress Street** in Portland, Maine as per the attached **Exhibits A and B**.

Theodore West, Owner

A handwritten signature in black ink, appearing to be 'Theodore West', written over a horizontal line.



Signage/Awning Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

- ^{NA} Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- ^{NA} Certificate of flammability required for awning or canopy.
- ^{NA} A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- ^{NA} Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

Permit fee for signage or awning-with-signage: 830.00 plus \$2.00 per square foot of sign.

Permit fee for awning-without-signage is based on cost of work;
\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.

$\$120 \text{ plus } \$30 = \underline{\underline{\$150}}$

Basic application fee for any Historic District signage is \$65.00.

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0513	Date Applied For: 04/10/2006	CBL: 065 A015001
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Location of Construction: 959 CONGRESS ST	Owner Name: KEY LLC	Owner Address: 50 PORTLAND PIER STE 400	Phone:
Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor	Proposed Project Description: Tenant fit-up w/ 3 bathrooms and 1 elevator on 2nd floor
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Dept: zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 04/28/2006
Note: Needs eleven spaces for parking - 15 designated of 35 spaces. **Ok to Issue:**
 First floor - HRH Insurance
 second floor - doctor's offices
 1) Separate permits shall be required for any new signage.
 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before **starting** that work

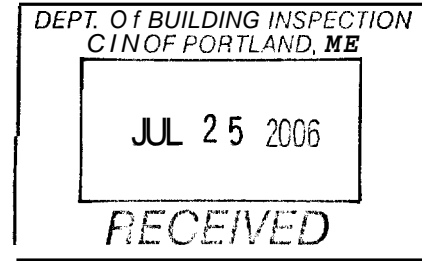
Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 05/05/2006
Note: **Ok to Issue:**
 1) Stamped Fire escape plans complying with NFPA and IBC and HVAC plans must be submitted and approved prior to installation.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 04/28/2006
Note: **Ok to Issue:**
 1) Use is to remain as business occupancy only.
 All building construction shall comply with NFPA 101

Comments:
 4/27/2006-amachado: Need plot plan showing parking & lease agreement or letter of permission
 4/28/2006-mjn: need structurals for New stairs/Elevator shaft etc, also fire escape.... Spoke with GC and Greg Shindberg

Maine
Banner & Decal Co.

ANN -



LIABILITY INSURABLE CERTIFICATE
FOR W/R ~~DESTON~~ PROMOTIONS. THIS IS
THE COMPANY THAT I WILL CONTRACT TO
INSTALL SIGNS FOR THE FORE RIVER UROLOGY
SIGNS. (X3)

THE INSTALLERS NAME IS WAYNE DOWI.
HE WILL BE USING A BUCKET TRUCK.

INSTALLATION METHOD WILL BE LEAD ANCHORS
& SCREW GOING THROUGH THE SIGN. SCREW HEADS
WILL BE COVERED W/WHITE VINYL.

BOB MATTISON

16 Bonnie Avenue, Oakland, ME 04963, Phone 207-465-4200, Fax 207-465-4300

JUL-17-2006 MON 01:13 PM

SO NAME

FAX No. 2078884762

F:DC

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/29/2006
PRODUCER (207) 683-8229 SOUTHERN MAINE INSURANCE 432 US RTE 1 P.O. Box 6803 SCARBOROUGH ME 04070-6803		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED W.R. PROMOTIONS, LLC 65-2 CUMBERLAND AVE SACO ME 04072-		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: HARTFORD CASUALTY		29424
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	048BAUR1324	11/14/2005	11/14/2006	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> YEAR <input type="checkbox"/> 100		/ /	/ /	DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 OTHER
	AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person) \$
			/ /	/ /	BODILY INJURY (Per accident) \$
			/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY: EA ACC \$
			/ /	/ /	AUTO ONLY: AGG \$
	EXCESSUMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	<input type="checkbox"/> PERMANENT TOTALITY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	S.L. EACH ACCIDENT \$
	OTHER		/ /	/ /	S.L. DISEASE - EA EMPLOYEE \$
			/ /	/ /	S.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLE(S)/EXCLUSIONS ADDED BY ENDORSEMENT(S)/SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
() - (207) 465-4300 MAINE BANNER DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME JUL 25 2006 ELECTRONIC LASER FORMS, INC. (800) 927-0646	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Michelle...</i>

