

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

INSPECTION

PERMIT

Permit Number: 000998

PERMIT ISSUED

JUL 26 2006

CITY OF PORTLAND

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

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

AT 959 CONGRESS ST

L 065 A015001

provided that the person or persons who obtain or accept 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 procedure before this building or part thereof is closed or closed-in. 24 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 of 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: PERMIT ISSUED	CBL:
06-0998	055 A015001

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 Portland	Phone: 2074654200
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

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

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 07/07/2006	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input checked="" type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date: <i>7/19/06</i>	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
	<i>N/A applying to planning under section 14-36(f.5(9))</i>		

D. Andrews

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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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
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Dept: Zoning **Status:** Not Applicable **Reviewer:** Ann Machado **Approval Date:**
Note: Under section 14 - 369.5, a multi-tenant lot in the B2 zone allows one building sign for each abutting street. **Ok to Issue:**
 959 Congress abutts on two streets so two signs are allowed. Fore River Urology would like three signs, so under Section 14-368.5(g) they can apply to the planning authority for review under section 14-526(a)(23).

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.

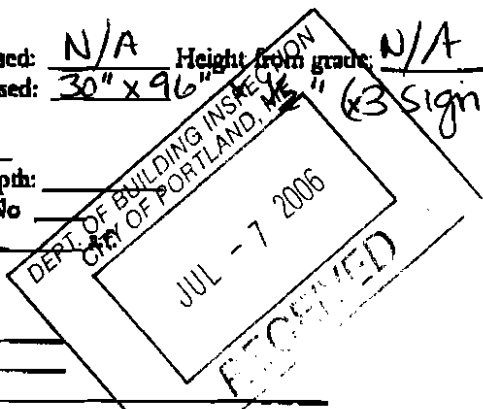




Signage/Awning Permit Application

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>KRY, LLC</u> <u>50 PORTLAND PIKE</u> <u>PORTLAND ME</u> Suite 400	Telephone: <u>207 828 1080</u>
Lessee/Buyer's Name (If Applicable) <u>MEYER HOSPITAL</u>	Contractor name, address & telephone: <u>MAINE BANNER & DECK</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: <u>BOB MATISON</u> phone: <u>207 465 4200</u>		
Tenant/allocated building space frontage (feet): Length: <u>2nd Floor</u> Height: _____ Lot Frontage (feet) <u>165</u> Single Tenant or Multi Tenant Lot <u>2 tenants</u>		
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: <u>N/A</u> Height from grade: <u>N/A</u> Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No _____ Dimensions proposed: <u>30" x 96" x 16"</u> (<u>3 Signs</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: _____		
Information on existing and previously permitted sign(s): <u>NA</u> 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.		



ALL SIGNS ARE ON BUILDING

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

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:

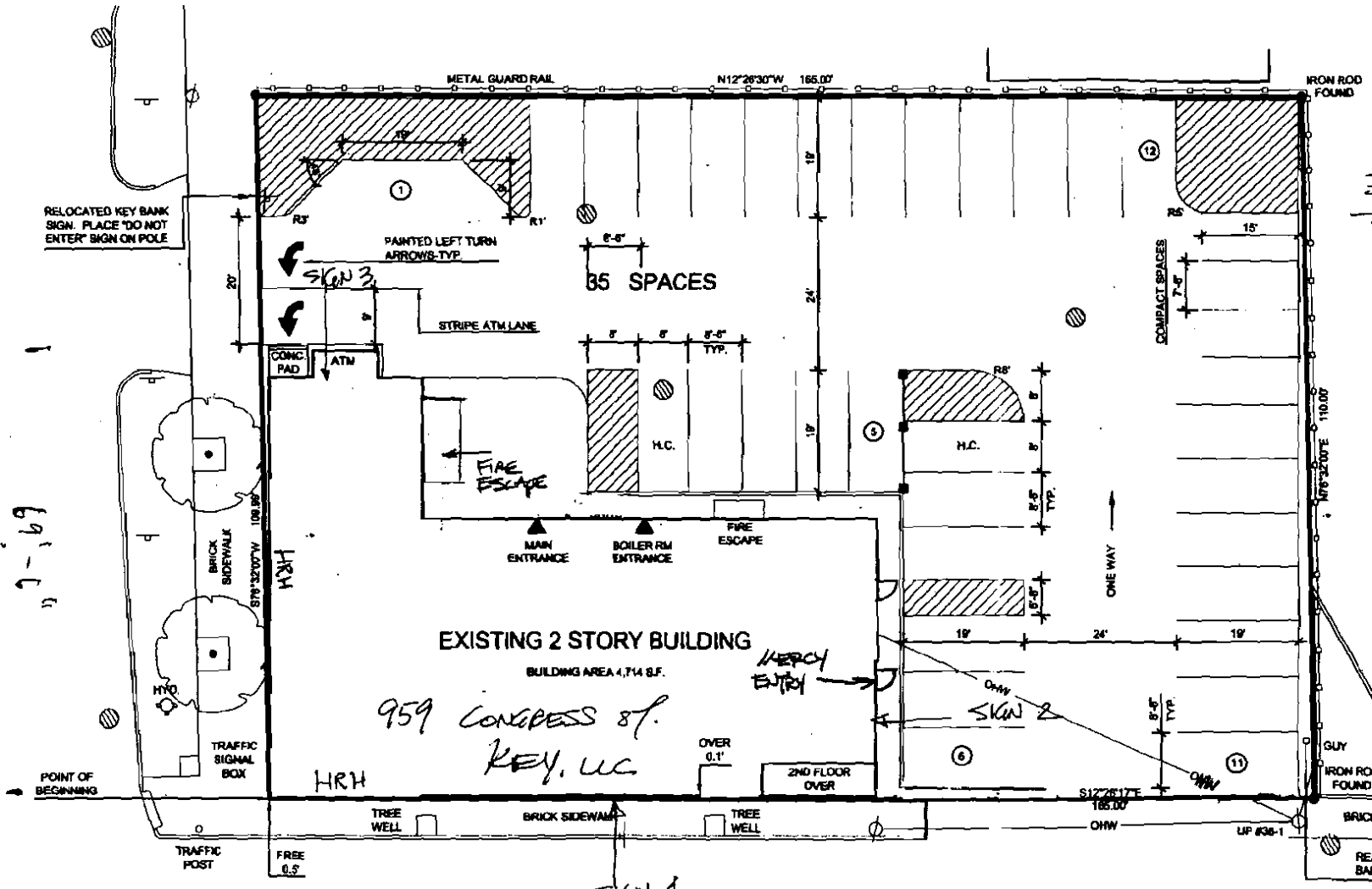
1. Click on the link provided in the notification email
2. Create a password
3. Click "Submit"

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>

CONGRESS STREET



76606
EXHIBIT B

N/F
DOMINIC REALI
12523/331

ST. JOHN STREET
96'-6"

82 north - front.
maximum area 1500 sq ft
St. John St. - 1.5 x 96.5 = 144.75 sq ft - HRH 10.35 sq ft
- For River Voluntary 20.1 sq ft
Congress - 1.5 x 695 = 1042.5 sq ft - HRH 12.75 sq ft

* 1 per business - if front on more than one street
Additional sign for each additional frontage but 1/2 max x allowable

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? <input checked="" type="radio"/> YES	NO	MULTI-TENANT LOT? YES	<input checked="" type="radio"/> NO
FREESTANDING SIGN? (ex. Pole Sign) YES	<input checked="" type="radio"/> NO	DIMENSIONS _____	HEIGHT _____
MORE THAN ONE SIGN? YES	<input checked="" type="radio"/> NO	DIMENSIONS _____	HEIGHT _____
SIGN ATTACHED TO BLDG.? <input checked="" type="radio"/> YES	NO	DIMENSIONS <u>2'-5" x 5'-11 1/2"</u>	
MORE THAN ONE SIGN? <input checked="" type="radio"/> YES	NO	DIMENSIONS <u>2'-5" x 5'-11 1/2"</u>	
AWNING: YES <input checked="" type="radio"/> NO	IS AWNING BACKLIT? YES	<input checked="" type="radio"/> 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. Wm area at sign 150 ft
 congress. $69.5 \times 2 = 139 \#$
 St. John $96.5 \times 2 = 193 \#$
 1 per facade facing 2 both ways
 $\times 1 = 2$

Congress "
 $43.5 \times 17.5 = 761.25 = 5.3$
 $28.5 \times 25 = 712.5 = 4.9$
 $\rightarrow 10.25 \#$

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 \$ 385.00 EA.
 (X2) = \$ 770.00

20" is to top of semi circle.

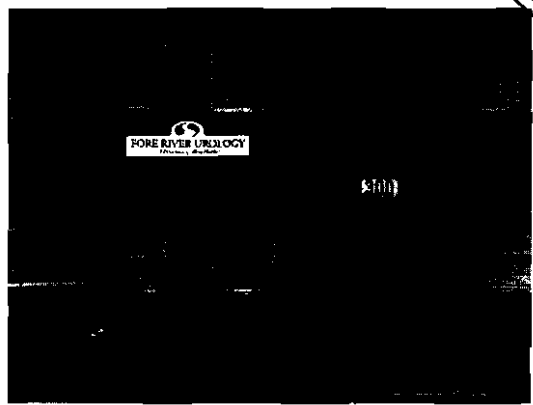
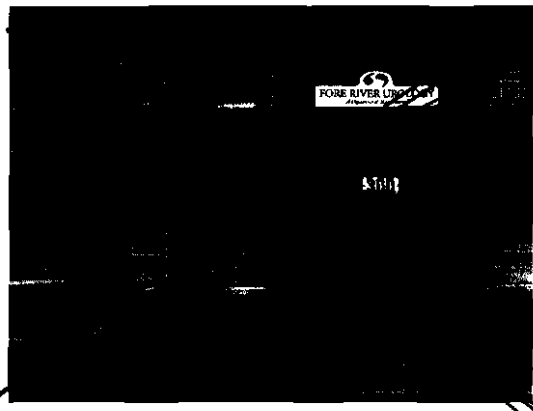
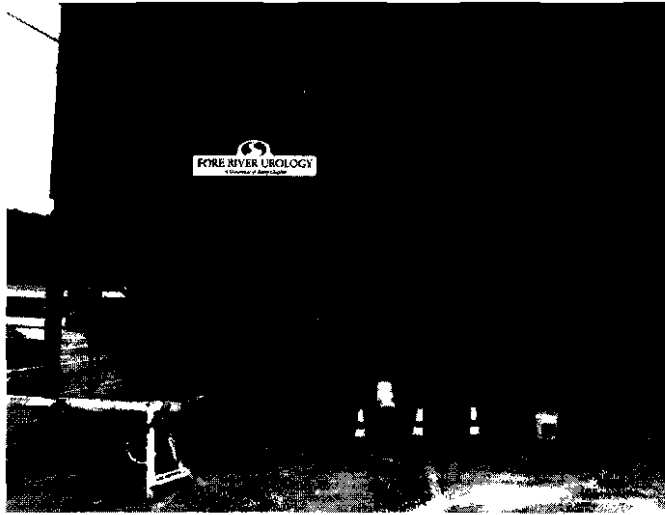
30 x 96.5 = 2895# = 20.1¢

7/6/04

KEY, LLC

EXHIBIT A

959 CONGRESS
STREET



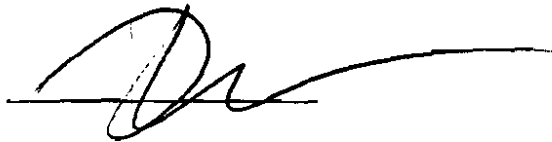
Key, LLC
50 Portland Pier, Suite 400
Portland, ME 0410

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. The signature is stylized with a large initial 'T' and a long, sweeping horizontal stroke extending to the right.



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 façade 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: \$30.00 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 plus \$30 = \$150

Base 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.

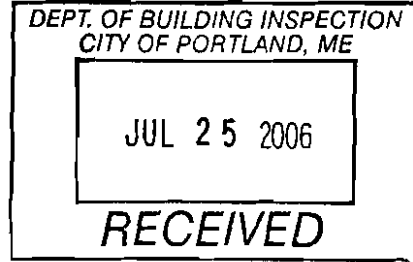
Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 05/05/2006
Note: **Ok to Issue:**
 1) Stamped Fire escape plans complying with NFPA ans IBC and HVAC plans must be submitted and approved prior to installation.

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 INSURANCE CERTIFICATE
 FOR MR ~~DESTEN~~ PROMOTIONS. THIS IS
 THE COMPANY THAT I WILL CONTRACT TO
 INSTALL SIGNS FOR THE FORE RIVER UROLOGY
 SIGNS. (X3)

THE INSTALLERS NAME IS WAYNE DOW.
 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-27-2006 MON 02:13 PM

3044E

FAX No. 2072884762

P.001

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 03/29/2006
PRODUCER (207) 683-8229 SOUTHERN MAIN 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 MAIC # INSURER A HARTFORD CASUALTY 29424 INSURER B INSURER C INSURER D INSURER E

COVERAGE

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.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	0488ANK1226	11/14/2005	11/14/2006	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PERMANENT DISMEMBERMENT \$ 300,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	VEH BIOP (Any one person) \$ 30,000
	GENL AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LIMIT <input type="checkbox"/> 100		/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY		/ /	/ /	PRODUCTS - COMPROP AGG \$ 2,000,000
	ANY AUTO		/ /	/ /	OTHER
	ALL OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (See schedule) \$
	SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per person) \$
	MIXED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	DAMAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
	BIOSUBSIDIARY LIABILITY		/ /	/ /	AUTO ONLY: \$00 \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	EACH OCCURRENCE \$
	DEDUCTIBLE		/ /	/ /	AGGREGATE \$
	RETENTION \$		/ /	/ /	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	RELATIVE TO POLICY LIMITS <input type="checkbox"/> OUTSIDE <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER/EXCLD/OT		/ /	/ /	CL EACH ACCIDENT \$
	Free coverage under SPECIAL PROVISIONS below		/ /	/ /	EL DISEASE - SA EMPLOYEES \$
	OTHER		/ /	/ /	EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER () NATIVE BANNER DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME [Stamp: JUL 25 2006]	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 10 DAY'S 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 ISSUING INSURER OR REPRESENTATIVE. AUTHORIZED REPRESENTATIVE: <i>Michelle</i>
--	--

RECEIVED