

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/25/2006

PRODUCER
Robert Small Agency, Inc.
P.O. Box 242

Freeport ME 04032

INSURED **Bradford's Rug Gallery, LLC**
145 Pond Road

New Gloucester ME 04260

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Massachusetts Bay Insurance Co	
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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	ODP-8195150-00	01/19/06	01/19/07	EACH OCCURRENCE	\$ 2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$ 4,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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"/> SCHEWLED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
						AUTO ONLY - EA ACCIDENT	\$
						MORE THAN EA ACC AGG	\$
						AUTO ONLY AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
							\$
							\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If so, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

Floor Covering Store in the State of Maine

CERTIFICATE HOLDER

City of Portland
Portland, ME 04101

Certificate Holder & Additional Insured

CANCELLATION

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

Robert J. Small

<TB>

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(**ies**) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such **endorsement(s)**.

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)**.

DISCLAIMER

The Certificate of Insurance on the reverse side of this form **does not constitute a contract** between the issuing **insurer(s)**, authorized representative or producer, and the certificate holder, nor does it **affirmatively** or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Main Identity

From: "mrowell" <mrowell@maine.rr.com>
To: <bradnbeth@maine.rr.com>
Sent: Wednesday, January 25, 2006 10:17 AM
Subject: Permission for Signage

January 25, 2006
122 Codman Street
Portland, Maine 04103
mrowell@maine.rr.com

Bradford Ross
Bradford's Rug Gallery
297 Forest Avenue
Portland, Maine 04101

Dear Sir:

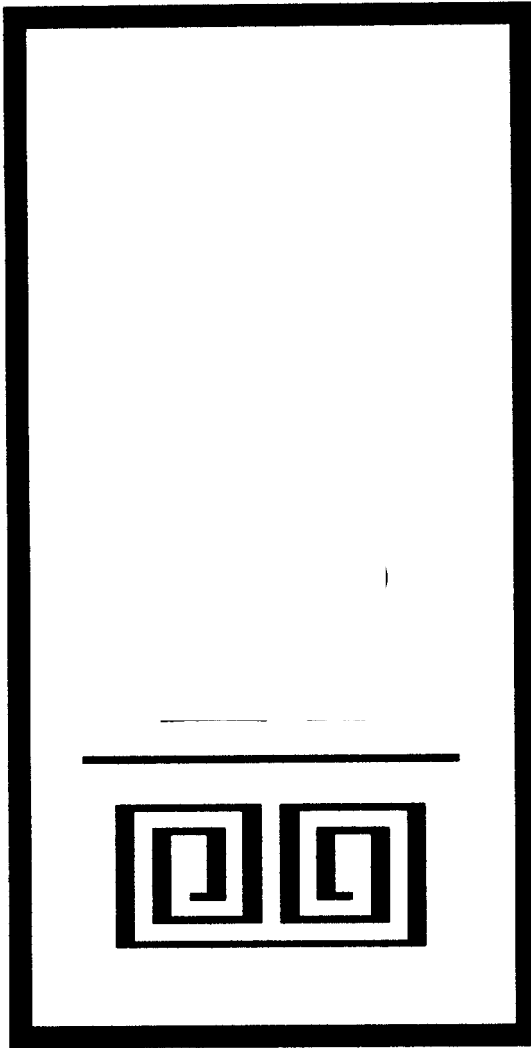
You have our permission to install signage on the Forest avenue side and on the 295 Forest Avenue side of our building in accordance with the plans that you have **shown us**.

Sincerely,
Michael E. Rowell for
The William C. Rowell Family
Limited Partnership

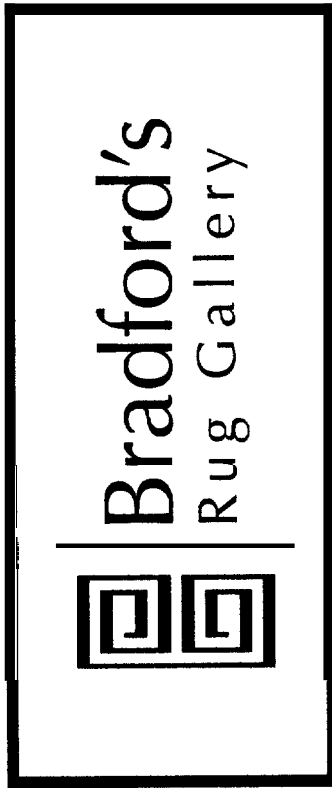
(1) 3/4" MDO BASE
48" x 96"

PAINTED WHITE

DIMENSIONAL ELEMENTS: 12mm BLACK PVC
KEEP TEXT BLACK, PAINT GRAPHICS RED





(1) WHITE DIBOND
30" x 72"
HP CARDINAL RED, BLACK
& METALLIC GOLD



Approved _____

PLEASE REVIEW THIS PROOF CAREFULLY!
AND SEND COPY BACK TO THE SIGNERY THANK YOU

 <small>MAN'S MOST COMPLETE SIGNAGE RESOURCE</small> <small>And Custom</small> 299 FOREST AVE PORTLAND, ME PHONE: 879-7790 FAX: 879-1578	JOB INFO 9298 DESIGNER DH	Attachment to building face and side will be secured w/ mortar screws in top, bottom, AND middle of each sign.	INSTALL <input type="checkbox"/> Top <input type="checkbox"/> V <input type="checkbox"/> B	 Bradford's Rug Gallery
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BY SIGNING OFF ON THIS PROOF, YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED

Until approved Job and Deposit is made, This proof is property of The Signery.

