| Form#P04 DISPLAY THIS CAR   | ON PRINCIPAL FRONTA          | GE OF WORK  DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME  |
|---|------------------------------|--|
| Application And<br>Notes, If Any,<br>Attached   | PERMI                        | Hermit Number 0603402006   |
| This is to certify that WILLIAM C ROWELL FA   | Y LIMITED PARTNERSH          | RECEIVED   |
| has permission toInstall a 59 sf sign on bldg  AT _309 FOREST AVE   |                              | )4001  |
| provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department. |                              | is permit shall comply with all<br>ne City of Portland regulating<br>nd of the application on file in  |
| Apply to Public Works for street line and grade if nature of work requires such information.                                | re this liding or a rt there | A certificate of occupancy must be procured by owner before this building or part thereof is occupied. |
| OTHER REQUIRED APPROVALS  |                              |  |
| Fire Dept   |                              | . 0 1  |
| Appeal Board — Department Name  | am                           | Director- Building& Inspection Services  |
| PENA  | LTY FOR REMOVING THIS CARD   | ,  |

| City of Portland, N 389 Congress Street,  |                                      | 0                                      |                         |                                     |  | No:<br>)6-03      |                       | CITY OF                 | LDING<br>PORTL                      | INSPEC<br>AND, MG                                | <b>†10N</b><br>2 F00 | 4001               |
|---|--------------------------------------|--|-------------------------|-------------------------------------|--|-------------------|-----------------------|-------------------------|-------------------------------------|--|----------------------|--------------------|
| ocation of Construction:  | 01101 1011 (                         | Owner Name:                            |                         | (207) 07 1 07 2                     | Owner Ad                                 |                   |                       |                         |                                     | Phon   | e:                   |                    |
| 309 FOREST AVE  |                                      | WILLIAM C ROWELL FAMILY L              |                         |                                     |  |                   | N ST                  | MAR                     | 2 9                                 |  |                      |                    |
| Business Name:  | :                                    |  | Contracto               |                                     |  | 1                 | <u> </u>              | Phon                    |                                     | <del>                                     </del> |                      |                    |
|   |                                      | Burr Signs                             |                         |                                     | 59 Dowi                                  | nEast             | Driv                  | e Yannou                | ф                                   | , 207  | 79911                | 83                 |
| Lessee/Buyer's Name Phone:  |                                      |  |                         |                                     |  |                   | ermit Type: RECE      |                         |                                     | ED   |                      | Zone:              |
|   |                                      |  |                         | <u> </u>                            | Signs -                                  | Perm              | anent                 | t                       |                                     |  |                      | (32)               |
| Proposed Use:   |                                      |  |                         | -<br>70                             | Permit Fee: Cost of Work:                |                   |                       | rk:                     | CEO Dist                            | trict:   |                      |                    |
| Commercial i  |                                      |  |                         | sf sign on                          | \$                                       | \$148.00 \$148.0  |                       |                         | 48.00                               | 1  |                      |                    |
| bldg  |                                      |  |                         |                                     | FIRE DE                                  | PT:               |                       | Approved<br>Denied      | Use Gi                              | CTION: roup B                                    | 2003                 | Type:gn            |
| Proposed Project Descripti  | on:                                  | 1                                      |                         |                                     | 1  |                   |                       |                         | "                                   | 100.2  |                      | i /                |
| Install a 555 sf sign on b  |                                      |  |                         |                                     | Signature                                |                   |                       |                         | Signati                             | ure: M   | <b>b</b> 3           | 129/06             |
| ,   |                                      |  |                         |                                     | (  |                   |                       |                         |                                     |  |                      |                    |
| Permit Taken By:  | _                                    | pplied For:                            |                         |                                     |  | Zon               | ing                   | Approva                 | al                                  |  |                      |                    |
| dmartin   | I 03/14                              | 4/2006                                 |                         |                                     |  |                   | Historic Preservation |                         |                                     |  |                      |                    |
| 1. This permit applic   |                                      |  | Special Zone or Reviews |                                     | ews                                      |                   |                       | g Appeal                |                                     |  |                      |                    |
| Applicant(s) from meeting applicable State and Federal Rules.   |                                      |  | Shoreland               |                                     |  | ☐ Variance        |                       |                         |                                     | Not in District or Landmar                       |                      |                    |
| 2. Building permits do not include plumbing, septic or electrical work.   |                                      |  | Wetland                 |                                     |  | Miscellaneous     |                       |                         | Does Not Require Review             |  |                      |                    |
| 3. Building permits a within six (6) mon  | ths of the date                      | of issuance.                           | Fl                      |                                     | Conditional Use                          |                   |                       |                         | Requi                               | res Rev  | riew                 |                    |
| False information permit and stop all   |                                      | a building                             | Subdivision             |                                     |  | Interpretation    |                       |                         | Appro                               | oved   |                      |                    |
|   |                                      |  | ☐ Si                    | te Plan                             |  | Ap                | proved                | I                       |                                     | Appro  | oved w/0             | Conditions         |
|   |                                      |  | Maj [                   | Minor MM                            |  | De                | nied                  |                         |                                     | Denie  | d                    |                    |
|   |                                      |  | γ                       | - 1 1 1                             |  |                   |                       |                         |                                     | *  | 31                   |                    |
|   |                                      |  | Date:                   | 3/2/10/ 1                           | ) Dat                                    | e:                |                       |                         |                                     | ate:   | γ                    |                    |
| I hereby certify that I ar<br>I have been authorized i<br>jurisdiction. In addition<br>shall have the authority<br>such permit. | by the owner to<br>n, if a permit fo | o make this appli<br>or work described | med proication a        | as his authorized application is is | ne propose<br>I agent and<br>ssued, I ce | d I ag<br>rtify 1 | gree to<br>that th    | o conform<br>ne code of | to all a <sub>l</sub><br>ficial's a | pplicable<br>authorize                           | laws o               | of this esentative |
| SIGNATURE OF APPLICA  | NT                                   |  |                         | ADDRESS                             | S  |                   |                       | DATE                    | E                                   |  | PHO                  | NE                 |
| RESPONSIBLE PERSON II   | N CHARGE OF W                        | ORK, TITLE                             |                         |                                     |  |                   |                       | DATE                    | ;                                   |  | PHO                  | NE                 |

| City of Portland, M       | aine - Building or Use Permit        |                     | Permit No:        | Date Applied For:   | CBL:                              |  |  |
|---------------------------|--------------------------------------|---------------------|-------------------|---------------------|-----------------------------------|--|--|
| 389 Congress Street, 0    | 4101 Tel: (207) 874-8703, Fax: (     | 207) 874-8716       | 06-0340           | 03/14/2006          | 112 F004001                       |  |  |
| Location of Construction: | Owner Name:                          | O                   | Owner Address:    | !                   | Phone:                            |  |  |
| 309 FOREST AVE            | WILLIAM C ROWEL                      | L FAMILY L          | 122 CODMAN ST     |                     |                                   |  |  |
| Business Name:            | Contractor Name:                     | ontractor Name: Cor |                   | Contractor Address: |                                   |  |  |
|                           | Burr Signs                           | 4                   | 59 DownEast Driv  | (207) 799-1183      |                                   |  |  |
| Lessee/Buyer's Name       | Phone:                               | P                   | Permit Type:      |                     |                                   |  |  |
|                           |                                      |                     | Signs - Permanent |                     |                                   |  |  |
|                           |                                      |                     |                   |                     |                                   |  |  |
| Dept: Zoning              | Status: Approved                     | Reviewer:           | Ann Machado       | Approval D          |                                   |  |  |
| Note:                     |                                      |                     |                   |                     | Ok to Issue:                      |  |  |
| Dept: Building Note:      | Status: Approved with Condition      | Reviewer:           | Jeanine Bourke    | Approval D          | Oate: 03/29/2006<br>Okto Issue: ✓ |  |  |
| 1) Signage Installation   | to comply with Chapter 31 of the IBC | C 2003 building c   | code.             |                     |                                   |  |  |

| •   | ne - Building or Use Per           |               | Permit No:                   | Date Applied For:                   | CBL:               |  |  |
|---|------------------------------------|---------------|------------------------------|-------------------------------------|--------------------|--|--|
| <b>389</b> Congress Street, 041             | 01 Tel: (207) 874-8703, <b>F</b> a | ax: (207) 874 | -871 <u>6</u> 06-0246        | 02/16/2006                          | 176 H011001        |  |  |
| <b>Location of Construction:</b>            | Owner Name:                        |               | Owner Address:               | •                                   | Phone:             |  |  |
| 302 STEVENS AVE                             | PORTLAND SOC                       | OF THE NEV    | V J 302 STEVENS A            | VE                                  |                    |  |  |
| Business Name:                              | Contractor Name:                   |               | Contractor Address:          | Contractor Address:                 |                    |  |  |
|   | Built To Last                      |               | 212 West Valentir            | 212 West Valentine Street Westbrook |                    |  |  |
| Lessee/Buyer's Name                         | Phone:                             |               | Permit Type:                 |                                     | •                  |  |  |
|   |                                    |               | Alterations - Com            | mercial                             |                    |  |  |
| Proposed Use:                               | <u> </u>                           | · ·           | roposed Project Description: | 1                                   |                    |  |  |
| egress                                      | y door w/ deck and stairs to cr    |               | 2nd emergency door w/ d      | eck and stairs to crea              | te and egress      |  |  |
| -Dept: Zoning                               | Status: Approved with Cond         |               | ewer: Ann Machado            | Approval Da                         | ite: 02/27/2006    |  |  |
| <b>Note:</b> Site plan was not to coverage. | scale, but since they own the      |               |                              | • •                                 | Ok to Issue:       |  |  |
| 1) This permit is being approach.           | proved on the basis of plans su    | bmitted. Any  | deviations shall require a   | separate approval be                | fore starting that |  |  |
| Dept: Building                              | Status: Pending                    | Revi          | ewer:                        | Approval Da                         | ite:               |  |  |
| Note:                                       |                                    |               |                              |                                     | Ok to Issue:       |  |  |
| Dept: Fire                                  | Status: Approved                   | Revi          | ewer: Cptn Greg Cass         | Approval Da                         | te: 03/06/2006     |  |  |
| Note:                                       |                                    |               |                              |                                     | Ok to Issue: 🗹     |  |  |
|   |                                    |               |                              |                                     |                    |  |  |

#### **Comments:**

3/10/2006-mjn: Left a message with the applicant re Guards don't meet code and the need for additional details.

#### 1. 111 - 2 16

## 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

| property within the City, payment  | arrangements n                                    | nust be made before pe   | rmits of any kind ar  | e accepted.              |  |  |  |  |
|--|---|--|---|--------------------------|--|--|--|--|
| Location/Address of Construction: 244  | Forest A  | enve, Portlan  | ip, maine,  | 04101                    |  |  |  |  |
| Total Square Footage of Proposed Structure   | :   | Square Footage of Lot  |   |                          |  |  |  |  |
| 16,778+1-SF  |   | 0.513 +/-  | acres   |                          |  |  |  |  |
| Tax Assessor's Chart, Block & Lot  | Owner:  |  | Telephone   | 3.                       |  |  |  |  |
| Chart# Block# Lot#   | William C<br>Limited F                            | . Rowell Family Partnership  | 772-3   | 3033                     |  |  |  |  |
| Lessee Buyer's Name (If Applicable)  | Applicant name                                    | , address & telephone:   | Total s.f. of signage x \$2.  |                          |  |  |  |  |
| Cardente Real Estak  | Cardente<br>Matthew<br>34 Diam                    | Real Estate<br>Chadente<br>and St                                  | Per s.f. plus \$30.00/\$65.0<br>For H.D. signage= Total<br>Fee: \$ 176.66 | 2                        |  |  |  |  |
|  | Poetland, M                                       |  | Awning Fee Total Fee: 8 148   | Kwork                    |  |  |  |  |
| Who should we contact when the permit is ready  Tenant/allocated building s ace frontage (fe   | : Mat Caed  | ente phone: 20   | 7-775.736   | 3 229                    |  |  |  |  |
| Tenant/allocated building s ace frontage (fee Lot Frontage (feer)  | eet): Length: 145<br>Single Tenant or             | Height / Height Multi Tenant Lot M                                 | UltiTENAUT  |                          |  |  |  |  |
| Current Specific use: UNCENT   | 70111 ( 2) -                                      | C  |   |                          |  |  |  |  |
| If vacant, whar was prior use:  Proposed Use: Real & Stark Office  |   |  | <br>วุร แ <sup>ป</sup>  | <b>F</b>                 |  |  |  |  |
| Information on proposed sign(s):  Freestanding (c.g., pole) sign? Yes No Dimensions proposed:  Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed:  Dimensions proposed: 35" x 120" (58.33)  |   |  |   |                          |  |  |  |  |
| Information on proposed sign(s):  Freestanding (c.g., pole) sign? Yes No Dimensions proposed:  Bldg. wall sign? (attached to bldg) Yes No Dimensions proposed:  Sign? (attached to bldg) Yes No Dimensions proposed:  Sign? (sign? (attached to bldg) Yes No Dimensions proposed:  Sign? (sign? ( |   |  |   |                          |  |  |  |  |
| Information on existing and previously perm<br>Freestanding (e.g., pole) sign? Yes<br>Bldg. wall sign? (attached to bldg) Yes X<br>Awning? Yes No Dimension  | No Dim  | ensions proposed:  | 1 gu  | ي ا                      |  |  |  |  |
| A site sketch and building sketch showing ex<br>Sketches and/or pictures of proposed signage   | •   | 0  | cated must be provide   | ød                       |  |  |  |  |
| Please submit all of the information of Failure to do so may result in the auto  |   |  | ation Checklist.  |                          |  |  |  |  |
| In order to be sure the City fully understands the additional information prior to the issuance of a Building Inspections office, room 315 City Hall of  | permit. For further                               |  |   |                          |  |  |  |  |
| I hereby certify that I am the Owner of record of the nauthorized by the owner to make this application as his a permit for <b>work</b> described in this application is issued areas covered by this permit at any reasonable hour to   | s/her authorized ager<br>d, I certify that the Co | nt. I agree to conform to all a<br>ode Official's authorized repre | pplicable laws <b>of</b> this jurisd<br>sentative shall have the aut      | liction. In addition, if |  |  |  |  |
| Signature of applicant:  | ulule   | Date:  | 2/7/06  | ,                        |  |  |  |  |
| This is not a permit;  | you may not comn                                  | nence ANY work unul the  | permit is issued  |                          |  |  |  |  |
| 1 perforant<br>15th x tenant Gortage (9)   | 种   | 35 ×120  | "=4200 51" = 2"   | 1.16中                    |  |  |  |  |
| 15th x tenant hontage  |   | $\sim 1$ .   | 7   |                          |  |  |  |  |

### **BUILDING PERMIT INSPECTION PROCEDURES** Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop

Work Order Release" will be incurred if the procedure is not followed as stated below. A Pre-construction Meeting will take place upon receipt of your building permit. Føoting/Building Location Inspection; Prior to pouring concrete Re-Bar Schedule Inspection: Prior to pouring concrete oundation Inspection: Prior to placing ANY backfill Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES. CERIFICATE OF OCCUPANCES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designee Signature of Inspections Official Building Permit #: O



PO Box 346 Yarmouth Me 04096 207.846.0473 copyright 2004

DATE:

CUSTOMER:

APPROVED

120,

Commercial / Investment Brokerage **ESTA1** 

DRAWING n =

ysigns Stationery

Page 1 of 1

Specifications on Signage Installation

#### **Matthew Cardente**

From: Chris Bourgeois [chris@yarmouthsigns com]
Sent: Thursday, February 09, 2006 12.24 PM

To: 'Matthew Cardente'

Subject: Description

Masonry anchors / aka lock bolt, manufacture is power fasteners Total number of fasteners x6 / 3 top and 3 bottom, 5/16 diameter x 2-1/2" long with stainless washers and nuts.

Chris Bourgeois P:207.846.0473 http://www.yarmouthsrgns.com



February 6, 2006 122 Codman Street Portland, Maine 04 103 Tel. (207) 772-3033 E-mail mrowell@maine ri com

Matthew Cardente Cardente Realty 299 Forest Avenue Portland, Maine 04 101

Dear Sir:

You have our permission to erect signage at 299 Forest Avenue as we have discussed provided that it meets all rules and regulations or the City of Portland and is installed in a safe and professional manner.

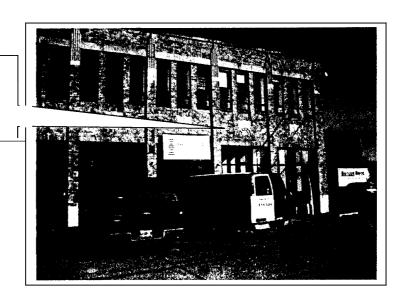
We hope that you will have every success and great prosperity at this new location

Sincerely, Michael E. Rowell

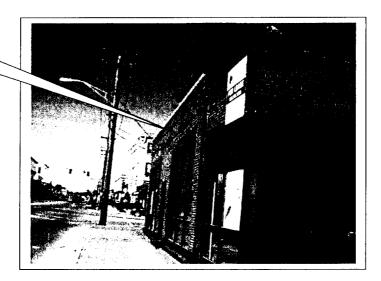
Michael E. Rowell for The William C. Rowell Family Limited Partnership Former location of Signery Sign. New location of Cardente Real Estate sign. Former sign was 4' X 16', new sign is 35" > 126"



Former Location of Downeast Rug sign. Bradford's Sign is going up in this location soon.



Former Location of Signery Sign



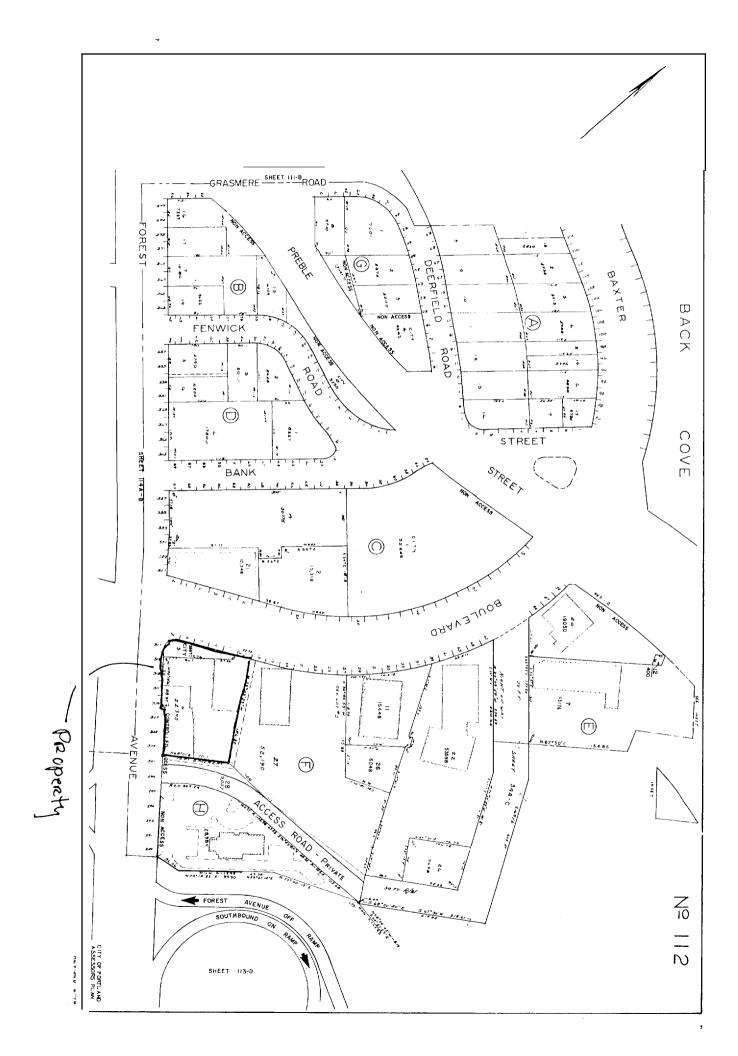
## 299 Forest Avenue Signage



Former sign and location of proposed sign.

#### 299 Forest Avenue - Signage Request

The proposed sign will be 35" X 120" and will be located approximately 12 feet above the main entrance of the demised premises. The sign will be installed using concrete/brick fasteners bolted through steel bars mounted to the back of the sign. The bolts will be drilled into the brick so that as they are tightened they will expand into the brick providing exceptional holding power. The sign company performing this work is Yarmouth Signs located at 27 Lafayette Street in Yarmouth, Maine. The owner of the sign company is Chris Bourgeois and he can be reached at 207-846-0437.

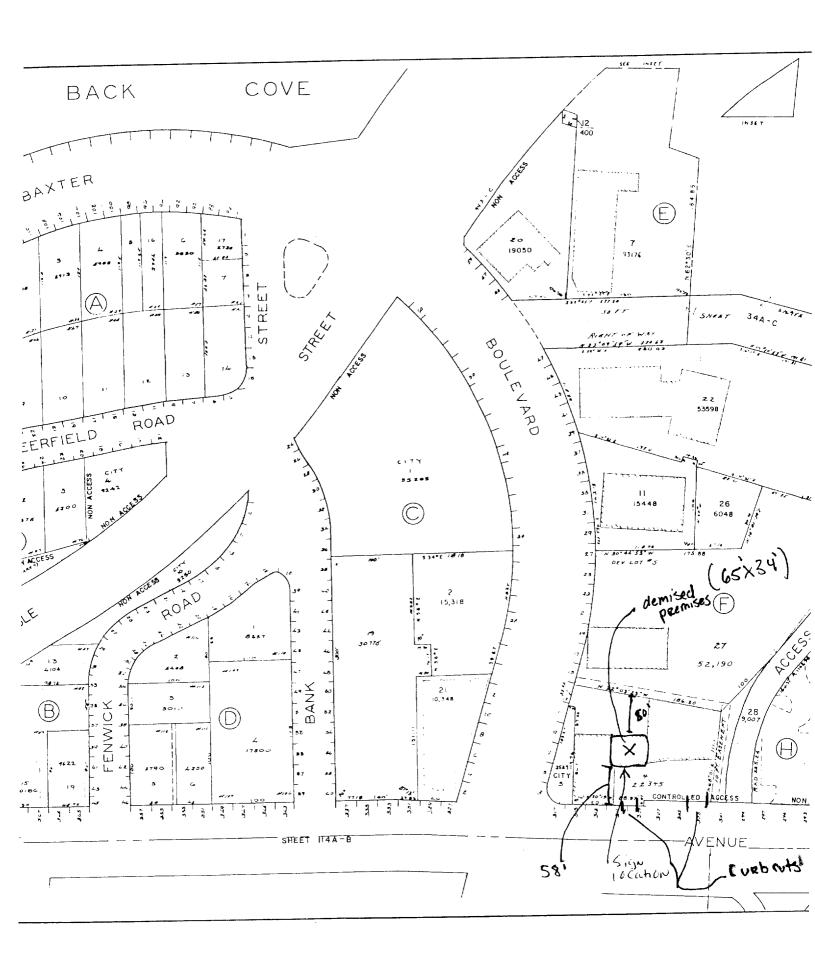




# Signage/Awning Permit Application Checklist

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.

| Dertificate of Liability listing the City as additional insured if any portion of the sign abuts or encroace any public right of way, or can fall into any public nght of way.  | ches or       |
|---|---------------|
| Letter of permission from the owner indicating the permissions granted and the tenant/space b frontage.   | uilding       |
| A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of lengths of building frontages, street frontages and all existing setbacks. Please indicate on the prexisting and proposed signs with their dimensions and specific locations. Be sure to include distance the ground and building façade dimensions for any signage attached to the budding.   | olan 📶        |
| A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumi construction method as well as specifics of installation/attachment.  | nation        |
| Certificate of flammability required for awning or canopy.  |               |
| A UL# is required for lighted signs at the time of <b>final</b> inspection.   | ,             |
| Pre-application questionnaire completed and attached.  Photos of existing signage of the Budio have a work. Bud fred  | (d)           |
| Pre-application questionnaire completed and attached.  Photos of existing signage whole Buding has vacuated and work.  Photos of existing signage whole Buding has vacuated and stached.  Photos of existing signage whole Buding has vacuated and work.  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. | own<br>own    |
| Permit fee for signage or awning-with-signage: \$30.00 plus \$2.00 per square foot of sign.   | Mis           |
| Permit fee for awning-without-signage is based on cost of work:<br>\$30.00 for the first \$1,000.00, \$9.00 per additional \$1,000.00 of cost.  | <b>&gt;</b> - |
| Base application fee for any Historic District signage is \$65.00.  |               |
| I have indicated the sign cetback and approximate dimensions of our unit. I have also shown the curb cuts   |               |
|   |               |



|   | AC  | :01              | RD_                     | CER                      | ΓIFIC              | ATE OF LIABI   | LITY   | INSU                                       | RANCE   | carde-3   | DATE (MM/DD/YYYY)<br>03/09/06 |  |  |  |
|---|---|------------------|-------------------------|--------------------------|--------------------|--|--|--|---|---|-------------------------------|--|--|--|
| PRC   | DUCE  | R                | <del></del>             |                          |                    |  |  |  |   | DAS A MATTER OF INF   | ORMATION                      |  |  |  |
|   | TD Banknorth Ins Agcy Inc (SP) P.O. Box 406 |                  |                         |                          |                    |  |  |  | ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |   |                               |  |  |  |
| Portland ME 04112-0406  Phone: 207-239-3500 Fax: 207-775-0339     |   |                  |                         |                          |                    | 07-775 <b>-</b> 033 <b>9</b>   |  | INSURERS AFFORDING COVERAGE NAIC #         |   |   |                               |  |  |  |
| INSURED   |   |                  |                         |                          |                    | Marian,  | INS  | INSURER A: ONEBEACON INSURANCE GROUP 18458 |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  | INS  | SURER D                                    |   |   |                               |  |  |  |
|   |   | ;                | <u>Matth</u>            | nte Real<br>ew Cardo     | ente               | ice The  | INS  | SURER C                                    | ••  |   |                               |  |  |  |
|   |   |                  | 299 F<br>Porti          | orest Avand ME           | <b>7e</b><br>04104 |  | _  | SURER D                                    |   |   |                               |  |  |  |
| <u> </u>  |   |                  |                         |                          |                    |  | INI  | SURFR F                                    |   |   |                               |  |  |  |
| _   | VER/  |                  |                         | NAC LISTED BE            | 1 0\A4 H A4/E      | BEEN ISSUED TO THE INSURED NAMED   | ABOVE EC   | O THE DOLLOW                               | PERIOD INDICATED AN   | OTHER TARREST AND THE STATE OF |                               |  |  |  |
| A)<br>M   | IY RFO                                      | DIRE             | MENT, TERM              | M OR CONDITION           | OF ANY C           | ONTRACT OR OTHER EXCLUMENT WITH A<br>POLICIES DESCRIBED HERRIN IS SUBJE<br>BEN REDUCED BY PAID CLAIMS. | RESPECT TO   | 0 WHICH THIS                               | CERTIFICATE MAY BE I  | SSUFD OR  |                               |  |  |  |
|   | NSRE  |                  |                         | OF INSURANCE             |                    | POLICY NUMBER  | POLIC  | Y EFFECTIVE<br>(MM/DD/YY)                  | POLICY EXPIRATION<br>DATE (MM/DO/YY)  | LIMIT   | \$                            |  |  |  |
|   |   | _                | VERAL LIAE              |                          | ·                  |  | 1  |  |   | EACH OCCURRENCE   | \$2,000,000                   |  |  |  |
| A   | x   | X                | COMMERC                 | CIAL GENERAL L           | IABILITY           | FM1U19657  | 02   | /10/06                                     | 02/10/07  | DAMAGE TO RENTED PREMISES (Ex occurance)  | \$ 300,000                    |  |  |  |
|   |   |                  | a vi                    | MS MADE 🔀                | OCCUR              |  |  |  |   | MED EXP (Any one person)  | \$5,000                       |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   | PERSONAL & ADV INJURY   | \$2,000,000                   |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   | GENERAL AGGREGATE   | \$ 4 , 000 <u>, 000</u>       |  |  |  |
|   |   | GEN              | · · · · ·               | ATE LIMIT APPL           |                    |  |  |  |   | PRODUCTS - COMP/OP AGG  | s 4,000,000                   |  |  |  |
|   |   | ALIT             | OMOBILE I               | JECT                     | LOC                |  | <del></del>  |  |   |   |                               |  |  |  |
|   |   | ~                | ANY AUTO                |                          |                    |  |  |  |   | COMBINED SINGLE LIMIT<br>(Ca accident)  | <u> </u>                      |  |  |  |
|   | ALL OWNED AUTOS                             |                  |                         |                          |                    |  |  |  |   | BODILY INJURY<br>(Per person)   | s                             |  |  |  |
|   | HIRED ALITOS NON-COVINED AUTOS              |                  |                         |                          |                    |  |  |  |   | BODILY INJURY<br>(Par secidant)   | \$                            |  |  |  |
|   |   |                  |                         | <del></del>              |                    |  |  |  |   | (PROSESSION AMAGE   | 8                             |  |  |  |
|   |   | GAF              | LAGE LIABI              | LITY                     |                    |  |  |  |   | ALTO ONLY - EA ACCIDENT   | <b>\$</b>                     |  |  |  |
|   |   |                  | ANY AUTO                | }                        |                    |  |  |  |   |   | \$                            |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   | AUTO ONLY AGG   | 2                             |  |  |  |
|   |   | EXC              | ESS/UMBR                | ELLA LIABILITY           |                    |  |  |  |   | EACH OCCURRENCE   | \$                            |  |  |  |
|   |   | ļ. <b></b>       | <b>OCCUR</b>            | CLAIR                    | AS MADE            |  |  |  |   | AGGREGATE   | <u> </u>                      |  |  |  |
|   |   | 1                | DEDUCTIE                | 5 E                      |                    |  |  |  |   |   | -                             |  |  |  |
|   |   |                  | RETENTIO                |                          |                    |  |  |  |   |   | 5                             |  |  |  |
|   | WOR   | KERS             |                         | BATION AND               |                    |  |  |  |   | WCSIAIU- OIII-  |                               |  |  |  |
|   |   |                  | RS' LIABILIT            |                          | \a_                |  | ,  |  |   | LITORY LIMITS LER.<br>E.L. EACHACCIDENT   | \$                            |  |  |  |
|   | OFFI  | CERA             | KEMBER EX               | RTNER/EXECUTE<br>CLUDED? | ¥F                 |  |  |  |   | E L. DISEASE - EA EMPLOYEE  | \$                            |  |  |  |
|   | SPEC  | , desc<br>CIAL P | ribe under<br>ROVISIONS | S below                  |                    |  |  |  |   | FI DISEASE - POLICY LIMIT   | Ş                             |  |  |  |
|   | OTHE  | ₽R               |                         |                          |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    | ES / EXCLUSIONS ADDED BY ENDORSI   |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          | namo               | ed as additional in  | sured  | as res                                     | pects to ge   | neral   |                               |  |  |  |
| 11  | LD1.  | lit              | y cov                   | erage.                   |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  |  |  |   |   |                               |  |  |  |
|   |   |                  |                         |                          |                    |  | CANCELLATION   |  |   |   |                               |  |  |  |
| CITYPOR  City of Portland  389 Congress Street  Portland ME 04101 |   |                  |                         |                          |                    | NO<br>IM   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICETO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL, IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. |  |   |   |                               |  |  |  |
| ı   |   |                  |                         |                          |                    |  | AUT  | AUTHORIZED REPRESENTATIVE                  |   |   |                               |  |  |  |
| ACORD <b>25 (2001/08)</b>   |   |                  |                         |                          |                    |  |  | Bankno                                     | rth Ins. A  |   | ORPORATION 1988               |  |  |  |