

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

| _ | | | _ | | | | | 12/4 | 20/2012 | |
|---|--|--|------------------------|--|--|----------------------------|---|----------|-----------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. | | | | | | | | | | |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the | | | | | | | | | | |
| certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Renee Skillings | | | | | | | | | | |
| 1 | HE ROWLEY AGENCY INC. | NAME: Reflet Skillings PHONE (603) 224-2562 FAX (A/C, No): (603) 224-8012 | | | | | | | | |
| 1 | 39 Loudon Road | E-MAIL ADDRESS: rskillings@rowleyagency.com | | | | | | | | |
| 1 - | .0. Box 511 | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | | | |
| 1 | oncord NH 03 | | | | | | 20478 | | | |
| INSURED | | | | | INSURER B Star Insurance | | | | | |
| Barlo Signs International, Inc. | | | | | INSURER C : | | | | | |
| 158 Greeley Street | | | | INSURER D : | | | | | | |
| | - | | | | INSURER E : | | | | | |
| Hudson NH 03051 INSURER F | | | | | | | | | | |
| C | OVERAGES CER | TIFI | CATE NUMBER:13-14 GL/2 | Auto/W | C/Inst | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | |
| INS LT | R TYPE OF INSURANCE | | | (N | POLICY EFF MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | S | | |
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| A | CLAIMS-MADE X OCCUR | | C4034462162 | 1/ | /1/2013 | 1/1/2014 | MED EXP (Any one person) | \$ | 5,000 | |
| | X Contractual per CG0001 | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | POLICY X PRO- JECT X LOC | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | | | | | | | (Ea accident) | \$ | 1,000,000 | |
| A | X ANY AUTO ALL OWNED SCHEDULED | | C4034462145 | 1 | /1/2013 | 1/1/2014 | BODILY INJURY (Per person) | \$ | | |
| | AUTOS AUTOS | | 04034402143 | - ' | 1,2015 | 1/1/2014 | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ \$ | | |
| | HIRED AUTOS AUTOS | | | | | | (Per accident) | \$ | | |
| \vdash | | | | | | | | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | EACH OCCURRENCE AGGREGATE | \$ \$ | | |
| | DED RETENTION \$ | | | | | | AGGREGATE | \$ | | |
| в | WORKERS COMPENSATION | | WC0452688 | 1/ | /1/2013 | 1/1/2014 | X WC STATU- TORY LIMITS ER | Ŷ | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | 3A States: NH/CO/MA/ | ME | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (Mandatory in NH) | N/A | VT/CT/RI/NJ/NY | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | Excl: A. P. & R. Bar | tlett | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| A | | | C4034462162 | 1/ | /1/2013 | 1/1/2014 | LIMIT: | \$ | 200,000 | |
| | | | | | | | | | , | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) For permit purposes only | | | | | | | | | | |
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| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | |
| City of Portland Maine 389 Congress T. | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | Renee Skillings/RLS Renee R. Skillings | | | | | |

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