

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2012

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 suc	h endorsement(s).	CONTACT			
PRODUCER		CONTACT NAME:			
Champoux Insurance Agency 116 Sabattus St		PHONE (A/C, No, Ext): (207) 783-2246	(A/C, No): (20	(207) 782-7881	
PO Box 220		E-MAIL ADDRESS:			
Lewiston, ME 04243-0220		INSURER(S) AFFORDING CO	NAIC #		
		INSURER A : Patriot Insurance Company		32069	
INSURED Neokraft Signs, Inc. and NK Equipment LLC 686 Main St 686 Main St Lewiston, ME 04240		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:			
INDICATED. NOTWITHSTANDING	ANY REQUIREMENT, TERM OR CONDIT	W HAVE BEEN ISSUED TO THE INSURED NAI TION OF ANY CONTRACT OR OTHER DOCU ORDED BY THE POLICIES DESCRIBED HEI	MENT WITH RESPECT	TO WHICH THIS	

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	III OIL				EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY		CPP6164784	9/1/2012	9/1/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	15,000
						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 PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A 2	X ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS		BA6164784	9/1/2012	9/1/2013	BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	5	
	AUTOS					1	\$	
A 2	X UMBRELLA LIAB X OCCUR		тво	9/1/2012	9/1/2013	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	5,000,000
	DED RETENTION\$						\$	
	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$	
į						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Portland is included as an additional insured per witten agreement for general liability and work performed by the named insured.

CERT	IFIC,	ATE	HOLE	ER

City of Portland City Hall 389 Congress St Portland, ME 04101

CANCELLATION

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

(Jone) Telanger