

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 070679
DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
JUL - 9 2007
RECEIVED

This is to certify that HANSON ARTHUR L /The Property

has permission to Install a freestanding sign

AT 173 OCEAN AVE

140 F022001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is altered 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

[Handwritten Signature]
1/9/07
Director - 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: 07-0679	Issue Date:	CBL: 140 F022001
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Location of Construction: 173 OCEAN AVE	Owner Name: HANSON ARTHUR L	Owner Address: 173 OCEAN AVE	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 7 Lincoln Dr Scarborough	Phone 2078797700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: RP

Past Use: Commercial / Dental Office	Proposed Use: Commercial / Dental Office install a freestanding sign	Permit Fee: \$59.00	Cost of Work: \$59.00	CEO District: 4
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FIRE DEPT: Approved Denied
N/A

INSPECTION: Use Group: *U* Type: *SB*
IBC 2003
 Signature: *[Signature]*

Proposed Project Description:
Install a freestanding sign

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

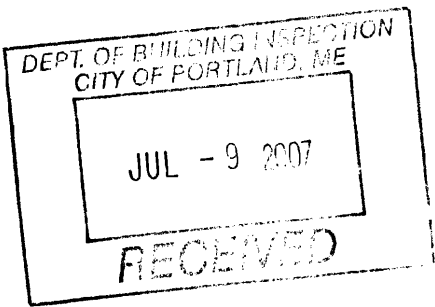
Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 06/11/2007	Zoning Approval
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- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied <i>ABM</i>
Date: _____	Date: _____	Date: _____



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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0679	Date Applied For: 06/11/2007	CBL: 140 F022001
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Location of Construction: 173 OCEAN AVE	Owner Name: HANSON ARTHUR L	Owner Address: 173 OCEAN AVE	Phone:
Business Name:	Contractor Name: The Signery	Contractor Address: 7 Lincoln Dr Scarborough	Phone (207) 879-7700
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial / Dental Office install a freestanding sign	Proposed Project Description: Install a freestanding sign
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 06/20/2007

Note: **Ok to Issue:**

- 1) The sign must be a minimum of five feet from the property line.
- 2) This permit is being issued with the understanding that the existing building sign will be removed and no new building sign will be put up. This permit is for the freestanding sign only.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 07/09/2007

Note: **Ok to Issue:**

- 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.

Comments:

6/20/2007-amachado: Left message for Kathryn Horutz. Need certificate of liability. Told her that the R-P zone does not allow building signs. The existing building sign is not permitted. It must be removed and not replaced.



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>173 Ocean Avenue PORTLAND, ME 04103</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>ARTHUR L. Hanson</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Kathryn L. Horvitz</u>	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage = Total Fee: \$ <u>59</u> 29sf Awning Fee = cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Kathryn L. Horvitz phone: 207 772 1205

Tenant/allocated building space frontage (feet): Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot _____

Current Specific use: General Dentistry Practice
If vacant, what was prior use: _____
Proposed Use: General Dentistry Practice

Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes No _____ Dimensions proposed: 34.5" x 6" Height from grade: 48'
Bldg. wall sign? (attached to bldg) Yes _____ No _____ Dimensions proposed: _____

Proposed awning? Yes _____ No 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 _____ s.f.

Information on existing and previously permitted sign(s):
Freestanding (e.g., pole) sign? Yes _____ No _____ Dimensions: _____
Bldg. wall sign? (attached to bldg) Yes No _____ Dimensions: 9 sq ft.
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.

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.

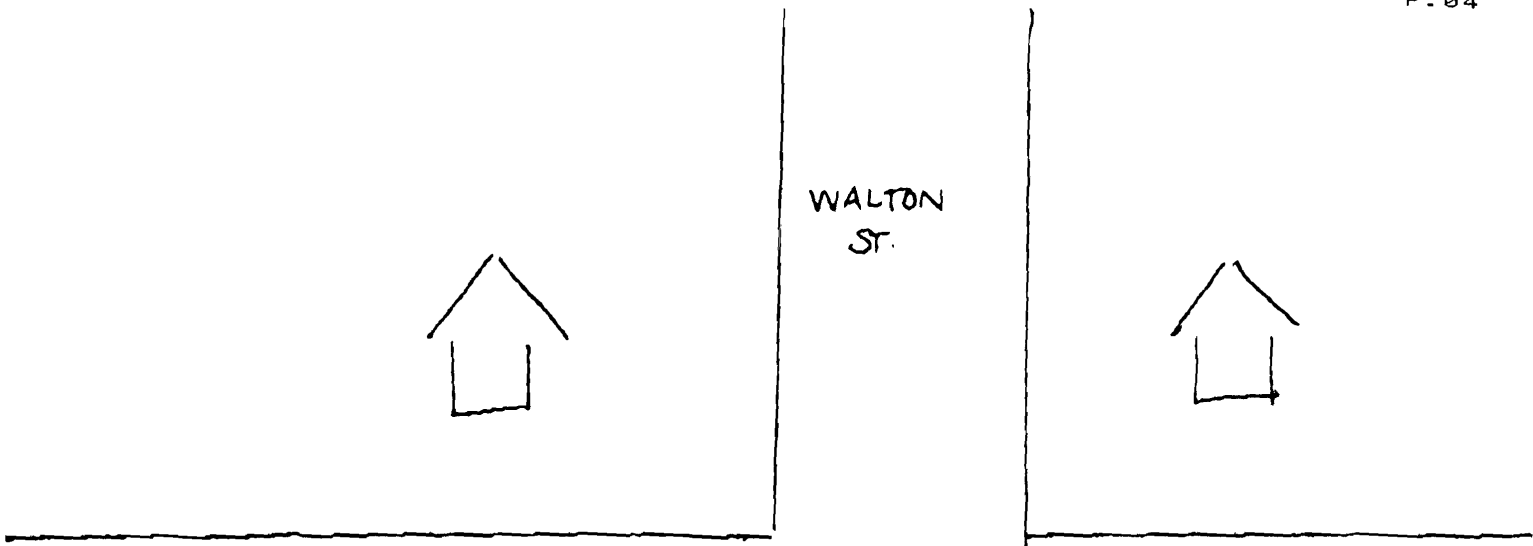
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 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: 3/15/07

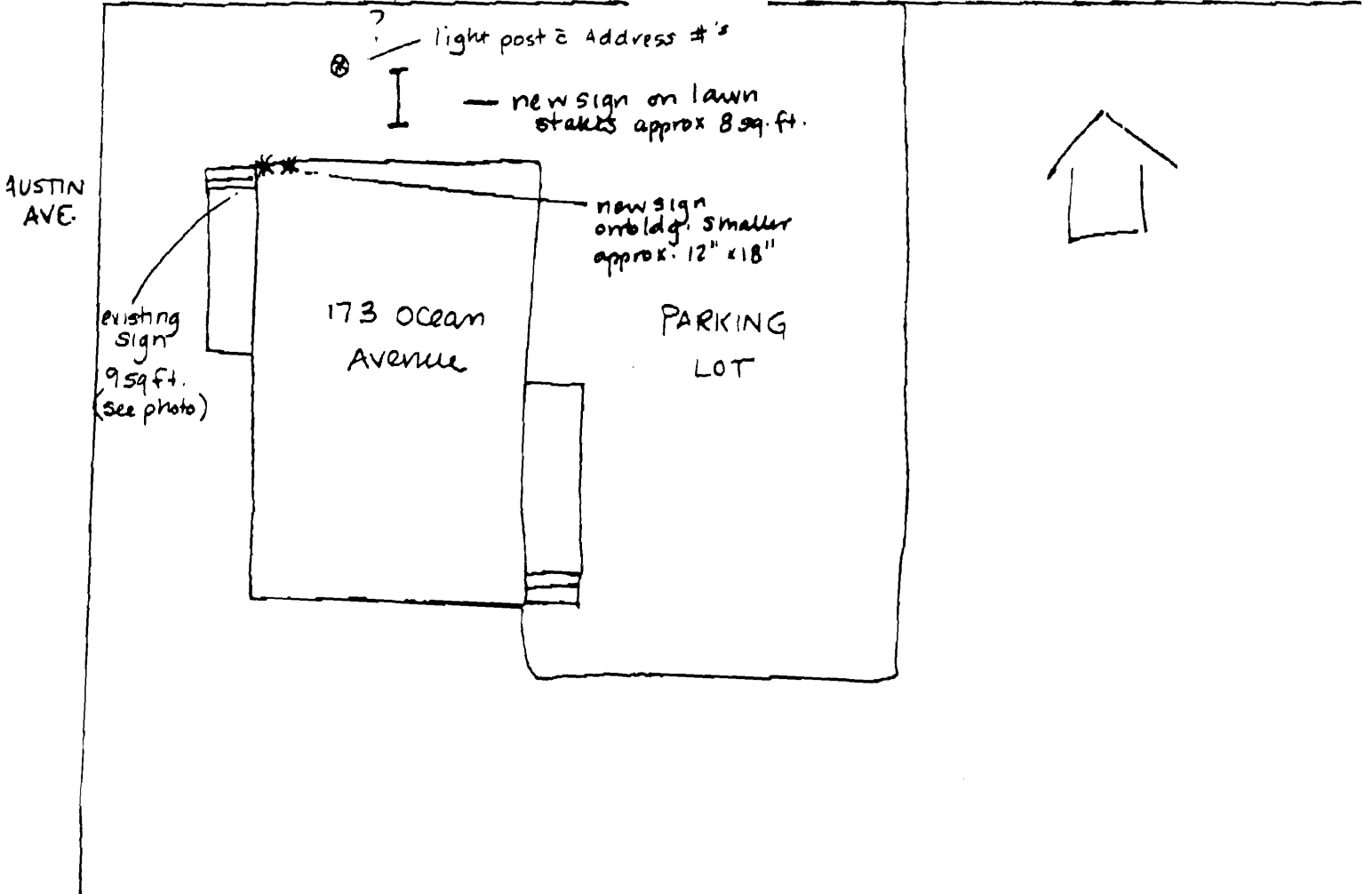
This is not a permit, you may not commence ANY work until the permit is issued

RP freestanding 30' max - 14.58¢ proposed
8' max - 4.8¢ sign



OCEAN AVE.

how far from property line?



- existing
- proposed

work Order



The Signery
 7 Lincoln Avenue
 Scarborough, ME 04074
 ph. 207-879-7700
 fax 207-510-0043
 email signery@signerymaine.com

Status: WIP
 Invoice: 07- 13004
 Due Date: Fri, 6/29/2007
 Due Time: 4:00PM

Customer: Kathryn Horutz, DMD
 Ordered By: Kathryn Horutz
 Description: **Roadside sign**
 Salesperson: Dawna Hall
 Entered By: Dawna Hall
 ph: (207) 772-1205
 fax: (207) 773-7414
 Email: khorutz@hotmail.com
 Ordered: 5/30/2007 11:13:29AM

Product	Font	Qty	Sides	Height	Width	Unit Cost	Install	Item Total
1 Mahogany 1.25"		1	1	34.5	60	\$1,556.25	\$0.00	\$1,556.25
Color: Routed lettering (white) on Blue								
Description: 1.5" Mahogany								
2 Post, Painted 4"x4"x8'		2	1	1	1	\$95.90	\$0.00	\$191.80
Color: White								
Description: Post, Cedar, Painted, 4" x 4" x 8'								
3 Custom		2	1	1	1	\$40.00	\$0.00	\$80.00
Color: White								
Description: Ball finials for posts								
4 INSTALLATION		2	1	1	1	\$95.00	\$0.00	\$190.00
Description: Professional Installation								

Notes:
 Disposition of Order On Completion: Picked-Up
 === PRODUCTION NOTES ===
 Converted Estimate #4073
 === ORDER NOTES ===



Kathryn L. Horutz, D.M.D.
 Family Dentistry
 173 Ocean Avenue
 Portland, ME 04103
 phone (207) 772-1205
 fax (207) 773-7414
 www.drhorutz.com

Printed: 5/30/2007 11:14:15AM

THE SIGNERY

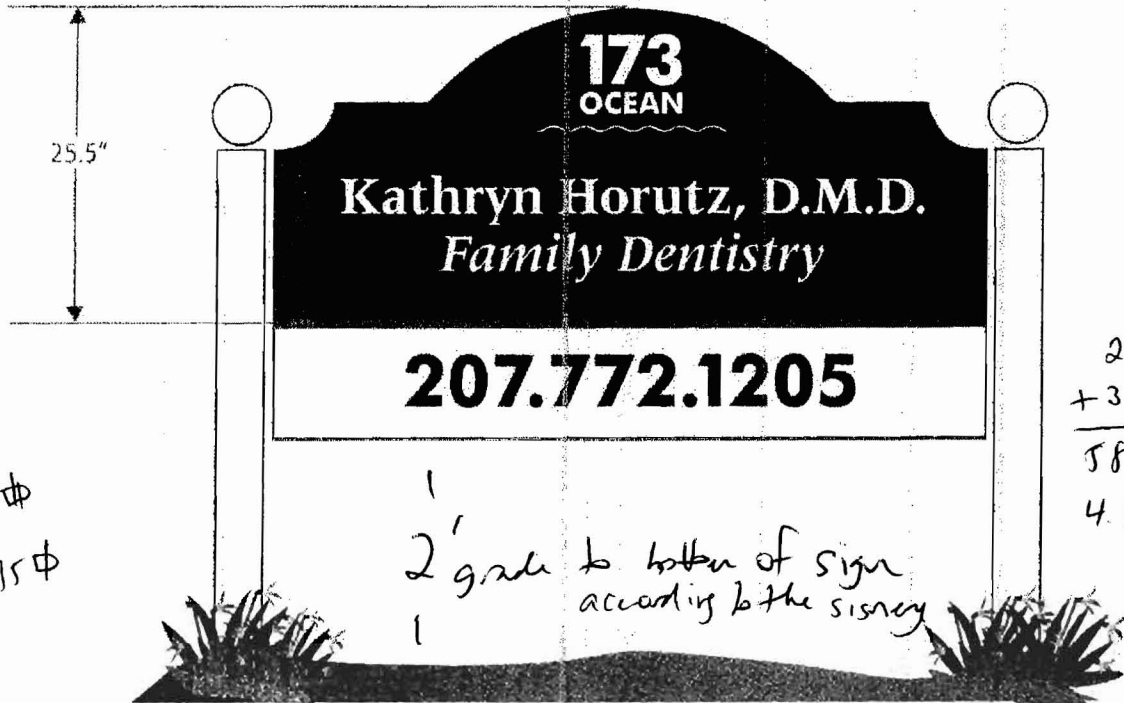
Dawna Hall

This proof may reflect color shifts due to the color conversions from ink to paint and or vinyl. Also, PMS colors will be approximated to the best of our ability. If we are supplied with files (if applicable) they will be used as is and the Signery will not be responsible for any faults in the design (300 dpi required). Please check the following for accuracy: spelling, quantity, graphics and logos, size, fonts/typelace, single or double sided colors and legibility.

Client: Kathryn Horutz
 Invoice: 13004
 Proof File: horutz 13004 proof.pdf
 Cut File(s): horutz 13004.ai
 Folder: 2007-05
 Completion Target Date:

Please SIGN this form, if approved, and fax to (207) 510-0043 to continue the job progress.

*By signing below, you are confirming that you have checked and approved of all details of this project, as represented on this proof.



34.5
x 60
2070\$
14.375\$

24
+ 34.5
58.5"
4.875'

2 1/2 grade to bottom of sign according to the signery

Leisnot have grade to top

(1) 1.5" MAHOGANY - CUT TO SHAPE
 34.5" x 60" - DOUBLE SIDED
 TOP PART PAINTED "MP10212 Capri Blue LRV 7.3"
 ROUTED LETTERING PAINTED WHITE
 BOTTOM PART PAINTED WHITE
 ROUTED LETTERING PAINTED "MP10212 Capri Blue LRV 7.3"
 ROUTER FILE: horutz 13004.ai
 HP TEAL VINYL STRIPE (3/4" wide)

(2) 4"x4"x8' POSTS PAINTED WHITE w/BALL FINIALS
 SIGN MOUNTS FLUSH TO POSTS

Approved By: _____

Date: _____

Production Use Only

Production Due Date: _____

Install Date: _____

Notes: _____

- Digital
- Vinyl
- Fabrication
- Install
- Sewing
- Painting

FAMILY DENTISTRY

ARTHUR L. HANSON, D.M.D.
173 Ocean Avenue
Portland, ME 04103

(207) 772-1205
Fax: (207) 773-7414

March 15, 2007

To Whom It May Concern:

I give my permission to Kathryn L. Horutz D.M.D. to replace and install new professional signs on the premises of 173 Ocean Ave., Portland, ME

Arthur L. Hanson D.M.D.
Arthur L. Hanson

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 06/21/2007
PRODUCER GRIMES INSURANCE AGENCY INC. 2470 SATELLITE BLVD STE 120 DULUTH, GA 300961256 (888) 661-3838 X0201 700		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 KATHRYN L HORUTZ, DMD, LLC 173 OCEAN AVE PORTLAND, ME 04103		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: THE TRAVELERS INDEMNITY COMPANY OF AMERICA
		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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	680-8530C154-07	03/08/2007	03/08/2008	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 MED EXP (ANY ONE PERSON) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCT - COMPOR AGG \$2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				IWC STAT - TONY LIMITS <input type="checkbox"/> OTH BR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED - STATE OR POL SUBDIVISIONS-PERMITS-PRM

CERTIFICATE HOLDER
 CITY OF PORTLAND, ME
 BUILDING INSPECTIONS OFFICE
 RM 315, CITY HALL
 PORTLAND, ME 04103

DEPT. OF PUBLIC SAFETY
 CITY OF PORTLAND, ME
 JUN 22 2007
 RECEIVED

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 *[Signature]*

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LB HORUKA1	DATE (MM/DD/YYYY) 06/25/07
PRODUCER TD Banknorth Ins Agcy Inc (SP) P.O. Box 406 Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339		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 Kathryn L. Horutz, DMD, LLC 173 Ocean Avenue Portland ME 04103		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Continental Casualty Company	20443
		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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	297114510	03/01/07	03/07/08	EACH OCCURRENCE \$ 500000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000
						MED EXP (Any one person) \$ 5000
						PERSONAL & ADV INJURY \$ included
						GENERAL AGGREGATE \$ 500000
						PRODUCTS - COMP/OP AGG \$ 500000
						GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POL CY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

JUN 25 2007

RECEIVED

CERTIFICATE HOLDER City of Portland Building Inspections Office Anne Machado 389 Congress St - Room 315 Portland ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 TD Banknorth Ins. Agency, Inc.
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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.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LB HANSAR2	DATE (MM/DD/YYYY) 06/25/07
PRODUCER TD Banknorth Ins Agcy Inc (SP) P.O. Box 406 Portland ME 04112-0406 Phone: 207-239-3500 Fax: 207-775-0339		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 Arthur L. Hanson, D.M.D. 16 Buttonwood Lane Portland ME 04102		INSURERS AFFORDING COVERAGE INSURER A: Employers Fire Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 20648

COVERAGES

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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	FM1U33046	03/08/07	03/08/08	EACH OCCURRENCE \$ 100000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 30000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$ 200000
					PRODUCTS - COMP/OP AGG \$
					GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$
					E L DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Coverage for premises at 173 Ocean Avenue, Portland, ME 04103.

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

JUN 25 2007

RECEIVED

CERTIFICATE HOLDER City of Portland Anne Machado Building Inspections Office 389 Congress St - Room 315 Portland ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 TD Banknorth Ins. Agency, Inc.
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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.