

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BU TION

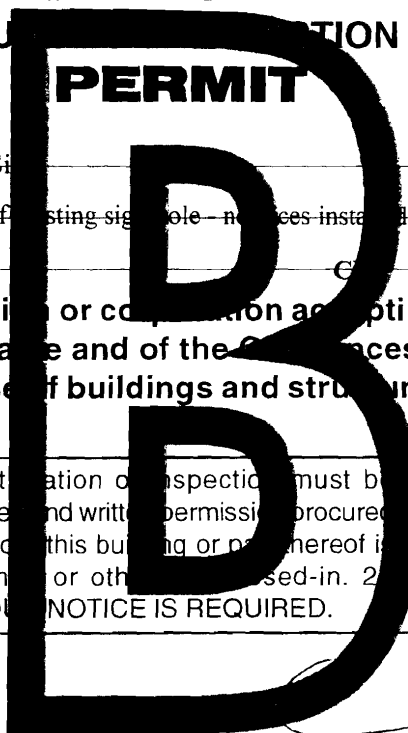
PERMIT

Permit Number: 090277

Please Read Application And Notes, If Any, Attached

This is to certify that DIXON FRANK / NeoKraft Sign
has permission to Install 4'x8' sign box on top of existing sign pole - no poles installed at this time
AT 1170 FOREST AVE City 152 A001001

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 lathed or otherwise dressed-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]
4/21/09
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: 09-0277	Issue Date:	CBL: 152 A001001
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Location of Construction: 1170 FOREST AVE	Owner Name: DIXON FRANK	Owner Address: 168 BROOK RD	Phone: 207-831-1965
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone: 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-2

Past Use: Commercial/Insurance Company	Proposed Use: Commercial/Insurance Company - Install 4'x8' sign box on top of existing sign pole - no faces installed at this time	Permit Fee: \$94.00	Cost of Work: \$0.00	CEO District: 4
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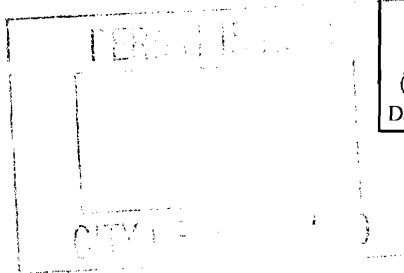
Proposed Project Description:
Install 4'x8' sign box on top of existing sign pole - no faces installed at this time

FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: <i>U</i> Type: <i>Sign</i> Signature: <i>IBC 2003</i>
--	---

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
--

Permit Taken By: lmd	Date Applied For: 04/06/2009	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>4/15/09</i> <i>ABM</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>ABM</i>
--	---	---	---



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

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.

 X **Final inspection required at completion of work.**

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 OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

Mailed

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0277	Date Applied For: 04/06/2009	CBL: 152 A001001
-----------------------	---------------------------------	---------------------

Location of Construction: 1170 FOREST AVE	Owner Name: DIXON FRANK	Owner Address: 168 BROOK RD	Phone: 207-831-1965
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone (207) 782-9654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/Insurance Company - Install 4'x8' sign box on top of existing sign pole - no faces installed at this time	Proposed Project Description: Install 4'x8' sign box on top of existing sign pole - no faces installed at this time
---	--

Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 04/15/2009
Note: The sign box on top of the sign pole was mistakenly removed against the wish of the owner. This permit is Ok to Issue: <input checked="" type="checkbox"/> to replace the sign box that used to exist on top of the sign pole. 1) This permit is being issued to install a 8' x 4' sign box on top of an existing sign pole. The box will not be lit, and there will be no faces on it. A separate permit will have to be applied for when sign faces get installed on the sign box.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 04/21/2009
Note: Ok to Issue: <input checked="" type="checkbox"/> 1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			

Comments: 4/13/2009-amachado: Left vcm for Shane Moffet. Faces were replaced in 2007 (#07-1065). Now it appears that the whole box is being repalces. What are the panels going to say. The sketch has red lines through it.
--



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>1170 Forest Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Frank Dixon</u> <u>2400 North East 36th St. #12</u> <u>Lighthouse Point, FL 33064</u>	Telephone: <u>207-831-1965</u>
Lessee/Buyer's Name (If Applicable) <u>Dixon Associates</u>	Contractor name, address & telephone: <u>Neckraft Signs Inc.</u> <u>686 Main St.</u> <u>Lewiston, ME 04240</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 <u>32' sq. ft.</u> For H.D. signage= Total Fee: \$ <u>94.00</u> Awning Fee= cost of work _____ Total Fee: \$ <u>94.00</u>
Who should we contact when the permit is ready: <u>Shane Moffett</u> phone: <u>782-9654</u>		
Tenant/allocated building space frontage (feet): Length: _____ Height: _____ Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot <u>single</u> <u>3 existing pylon sign</u> <u>3 City already has into.</u>		
Current Specific use: <u>Insurance Company</u> If vacant, what was prior use: _____ Proposed Use: <u>Insurance Company</u>		
Information on proposed sign(s): Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions proposed: <u>4'x8'</u> (sign box - no panels) Height from grade: <u>18'</u> Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions proposed: _____		
Proposed awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is awning backlit? Yes <input type="checkbox"/> No <input type="checkbox"/> Height of awning: _____ Length of awning: _____ Depth: _____ Is there any communication, message, trademark or symbol on it? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Dimensions: <u>4'x8'</u> (box) - sign was mistakenly removed, pole Bldg. wall sign? (attached to bldg) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Dimensions: _____ still remains. Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <u>- see attached -</u>		

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: Shane Moffett Date: 4-1-09

Neckraft Signs Inc.
This is not a permit; you may not commence ANY work until the permit is issued.
15 ft x 18 ft high
- 30 ft ok
- 18' high ok.



Neokraft

Neokraft Signs Inc.
686 Main Street
Lewiston, Maine 04240
Telephone: 207.782.9654
Facsimile: 207.782.0009
1.800.339.2258
<http://www.neokraft.com>

Transmittal to CITY OF PORTLAND
INSPECTIONS
389 CONGRESS STREET
PORTLAND, ME 04101

Date 04.1.2009
Job No. 10061-0
Re. DIXON ASSOCIATES
PERMITS
MAIL

- | | | | |
|-------------|--|---|---|
| Item | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Hand Delivered | <input type="checkbox"/> Under separate cover |
| | <input checked="" type="checkbox"/> Shop Drawings | <input type="checkbox"/> Prints | <input type="checkbox"/> Samples <input checked="" type="checkbox"/> Specifications |
| | <input checked="" type="checkbox"/> Copy of letter | <input type="checkbox"/> Change Order | <input type="checkbox"/> Other |

Copies	Date	No.	Description
1 set	04.01.2009	10061-0	(1) SIGN PERMIT APPLICATION, (1) ELECTRICAL PERMIT APPLICATION, EMAIL LANDLORD AUTHORIZATION, PHOTO, DRAWINGS, ENGINEERED FASTENING AND SIGN DETAIL SPECIFICATIONS, CERTIFICATE OF LIABILITY INSURANCE, ASSESSORS PLOT PLAN, AND CHECK FOR \$149.00 TO OBTAIN PERMITS FOR DIXON ASSOCIATES LOCATED ON 1170 FOREST AVENUE.

APR - 6 2009

- | | | | |
|----------------|--|---|---|
| Purpose | <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> No exception taken | <input type="checkbox"/> Rejected |
| | <input type="checkbox"/> For your use | <input type="checkbox"/> Make corrections noted | <input type="checkbox"/> Review and comment |
| | <input type="checkbox"/> As requested | <input type="checkbox"/> Revise and resubmit | <input type="checkbox"/> Other |

Remarks Please mail permits to this office upon approval.

Copy to

From SHANE MOFFETT

If enclosures are not as noted kindly notify us at once.

OFFICE:\CLERICAL\TEMPLATES\TRANSMITTAL FORM.DOT



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.

- Certificate of Liability listing the City as additional insured if any portion of the sign abuts or encroaches on any public right of way, or can fall into any public right of way.
- Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- A sketch plan of lot indicating location of buildings, driveways and any abutting streets or rights of way, lengths of building frontages, street frontages and all existing setbacks. Please indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building façade dimensions for any signage attached to the building.
- A sketch or photo of any proposed sign(s) indicating content, dimensions, materials, source of illumination, construction method as well as specifics of installation/attachment.
- Certificate of flammability required for awning or canopy.
- A UL# is required for lighted signs at the time of final inspection.
- Pre-application questionnaire completed and attached.
- Photos of existing signage
- Details for sign fastening, attachment or mounting in the ground.

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.

Base application fee for any Historic District signage is \$65.00.

PROGRESSIVE

APRIL 07 LOGO WITH RE-SPACED LETTERING

#84669 PORTLAND, ME

- Standard 4'-0" x 8'-0" 1/2" Progressive Faces
- One Color; PMS # 661
- Top 50% Logo Area - Bottom 50% Impart Area
- Progressive logotype in white on blue upper portion, logotype standard embossed 1/4" (White) / Blue returns on 3 sides
- Agent Impart in 3M 6250-157 Sultan Blue Vinyl on white lower portion / White returns on 3 sides



8'-0 1/2"

4'-0"

1) STD 4'x8' Pan Replacement Faces
 • Empty Sign Cabinet
 • No lamps or sign faces.

APPROVAL SIGNATURE: _____

NOTE: Existing Receptors Shown Painted to Match PMS 661 Blue

PROGRESSIVE COLOR SPECS 2005 LOGO			
COLOR	PMS (Paint)	WHITE	HEAT TRANSFER
Blue	PMS 661	3M Sultan Blue 6250-157	Paint-Free 2040 Blue

Sketch No. 07-4-00 PRO-004 DGM
 Scale: 1/2" = 1'-0" Date: 6-8-07

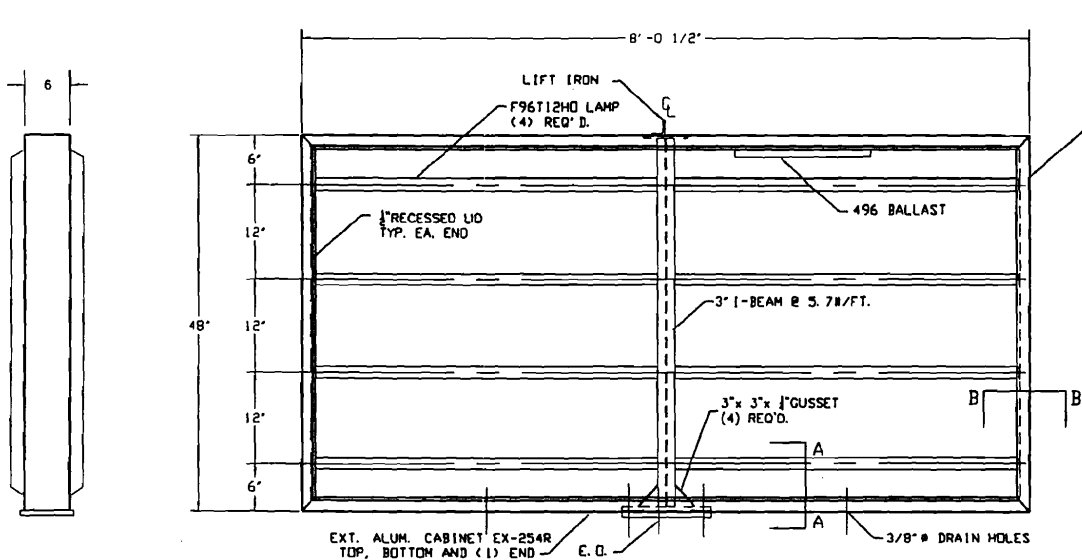
Customer Approval
 or Comments:

Duette Sales & Service, Inc.
 One Duette Lane
 Williamsburg, Ohio 45176

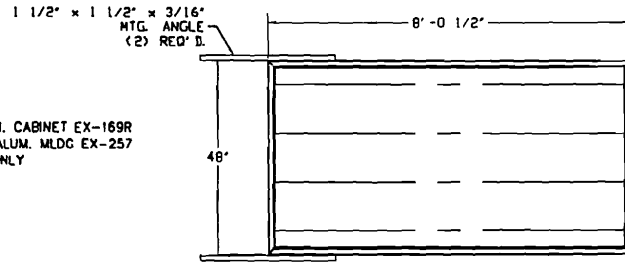


Note: Dimensions are Approximate and Subject to Change Pending Review by Duette Engineering.

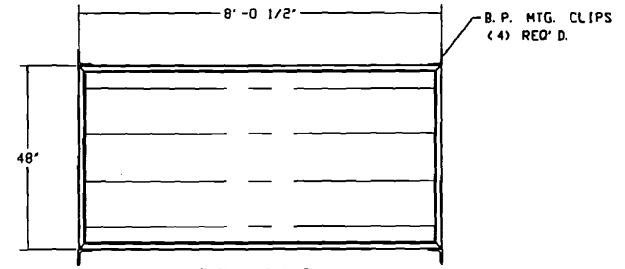
This design is exclusive property of Duette Sales & Service, Inc. - 1 Duette Lane - Williamsburg, OH 45176 - Copyright 2007 Duette Sales & Service, Inc. All Rights Reserved. Reproduction of this proprietary work without the permission of Duette Sales & Service, Inc. will subject the user to liability under the copyright statutes of the United States.



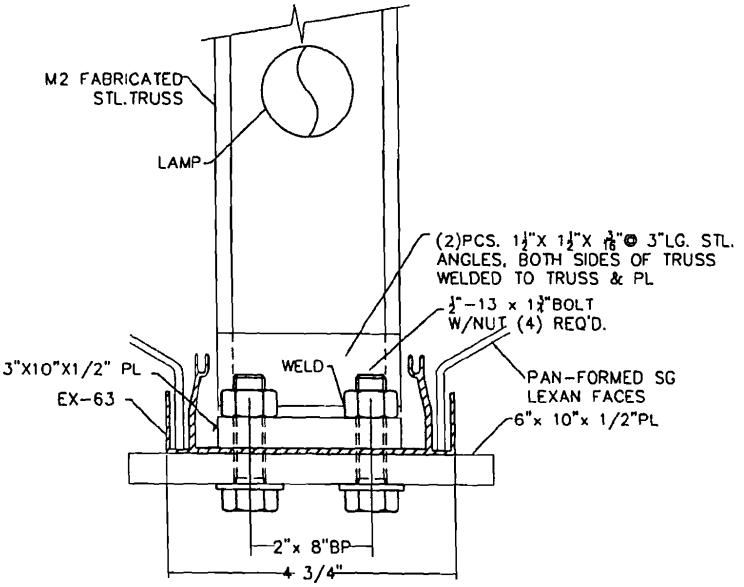
ELEVATION
1" = 1'-0"



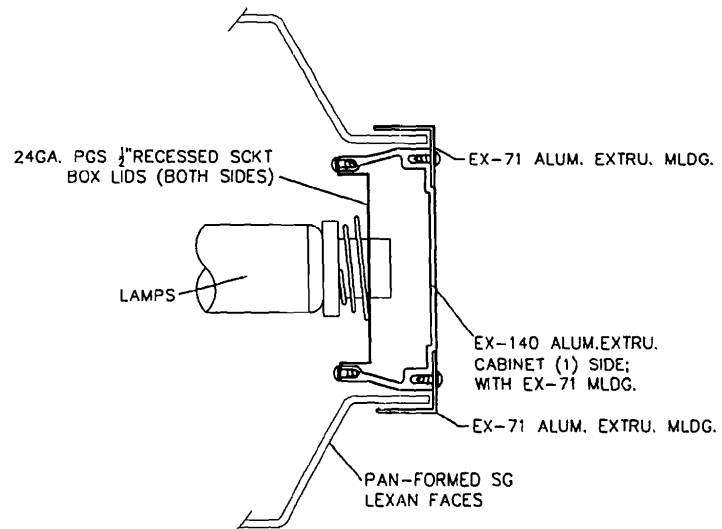
END IRON
1/2" = 1'-0"



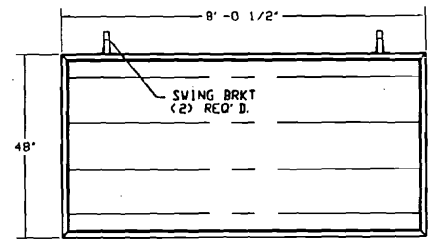
B.P. MOUNT
1/2" = 1'-0"



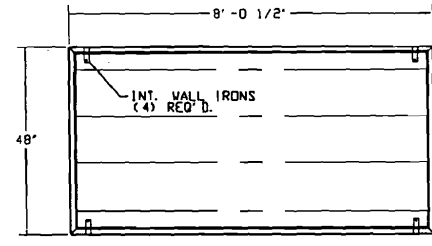
SECTION A-A
HALF SCALE



SECTION VIEW B-B
SCALE: HALF SIZE



SWING MOUNT
1/2" = 1'-0"



S.F. MOUNT
1/2" = 1'-0"

SIGN MEETS IBC CODE FOR 110 MPH WIND

AMPS: 3.43
WATTS: 375
V.O.C. 982
FACE TRIM: 23 3/4 x 96 1/4
U.L. LABEL: ST'D.

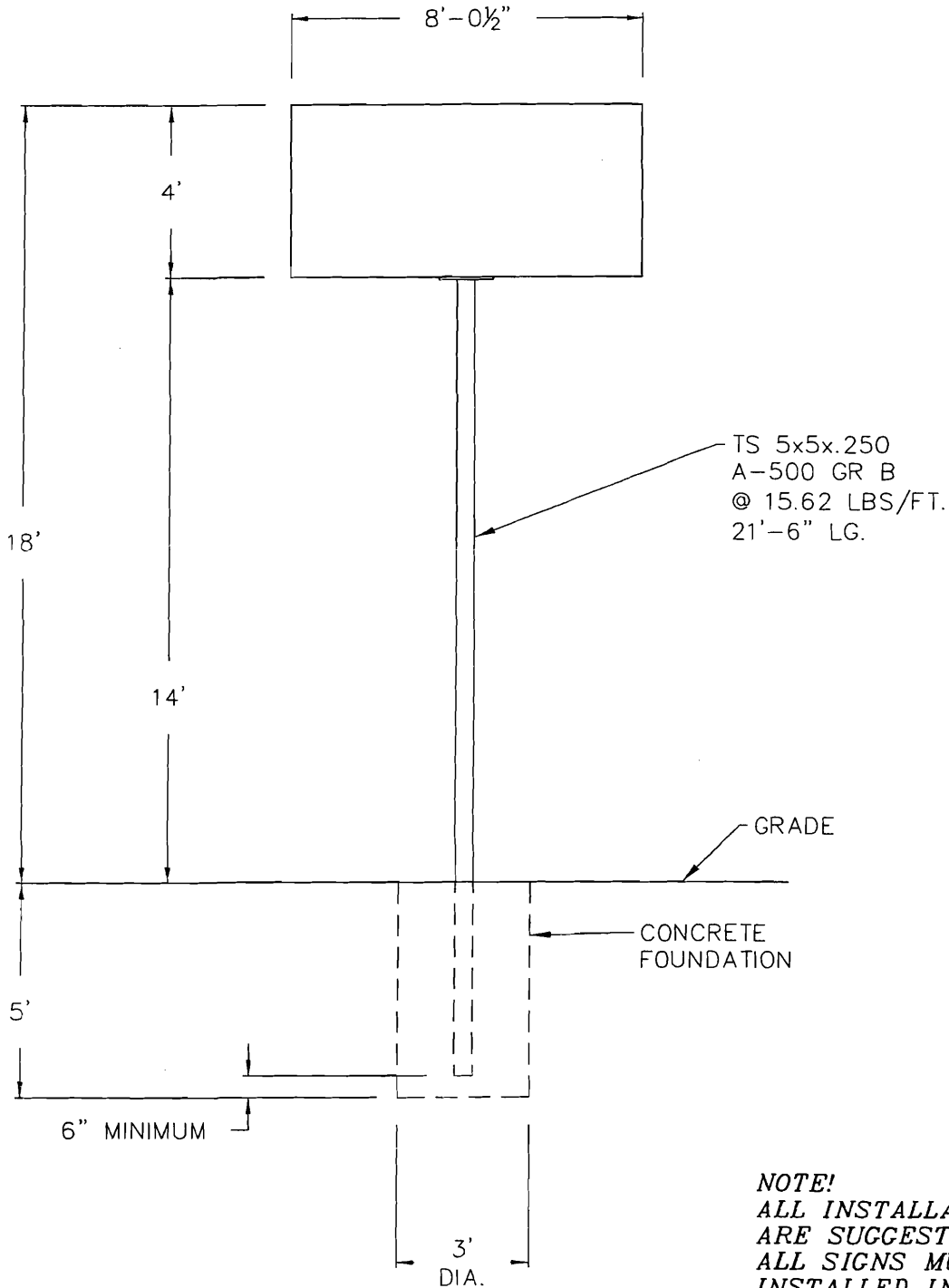
REVISIONS			DUALITE, INC. - WILLIAMSBURG, OH. <small>This design is exclusive property of Dualite Sales & Service, Inc., 1 Dualite Ln., Williamsburg, OH 45178. Copyright 2004 Dualite Sales & Service, Inc. All Rights Reserved. Reproduction of this proprietary work without the permission of Dualite Sales & Service, Inc. will subject the user to liability under the copyright laws of the United States.</small>
NO.	CHANGE	DATE	
			PREPARED FOR: SHOP USE ONLY
			MODEL: STANDARD 4'-0" X 8'-0 1/2" M2 SIGN; (ALL HANG)
			SCALE: NOTED
			CHECKED BY:
			DATE:
			DRAWN BY:

DUALITE



ONE DUALITE LANE
WILLIAMSBURG, OHIO 43176

JULY 9, 2007
PROGRESSIVE
PORTLAND, ME



NOTE!
SIGN & POLE DESIGNED FOR A 110 MPH
WIND SPEED (3 SEC. GUST) AND COMPLIANCE
WITH ASCE 7-98 SECTION 6.
FOUNDATION DESIGN IS BASED ON 3000 LB.
CONCRETE AT 28 DAYS AND A SOIL
LATERAL BEARING PRESSURE OF
150 LB/SQ FT/FT.

NOTE!
ALL INSTALLATION DETAILS
ARE SUGGESTED ONLY.
ALL SIGNS MUST BE
INSTALLED IN ACCORDANCE
WITH NATIONAL, STATE AND
LOCAL ELECTRICAL AND
BUILDING CODES. UNLESS
SPECIFICALLY CONTRACTED
FOR, DUALITE SHALL HAVE
NO RESPONSIBILITY FOR
INSTALLATION. USES FOR
OTHER THAN THEIR
INTENDED PURPOSES ARE
AT THE SOLE RISK
OF THE BUYER/USER.

SCALE: 1/4" = 1'-0

**Center, Twin or Double Pole
Based on ASCE 7-98 (3 Second gust)**

Customer: PROGRESSIVE
 Location: PORTLAND, ME
 Date: 7/9/07
 By: EJH
 Description: 4x8 CP @ 18' OAH

ASCE 7-98 OAH = 18 ft

Exposure 'C'

Basic Wind Speed = 110 mph (3 second gust)

Basic Wind Pressure, $q_z = 0.00256 * K_z * K_{zt} * V^2 * I$, where $K_z = 0.88$ $K_{zt} = 1$ $I_w = 1$

$q_z = 27.259$ lb/ft²

Wind Pressure (Signs)	Sign1 = 0.872 kips	Sign2 = 0 kips	Sign3 = 0 kips
	Sign4 = 0 kips	Sign5 = 0 kips	
Wind Pressure (Poles)	Pole1 = 0.159 kips	Pole2 = 0 kips	
	Pole3 = 0 kips	Pole4 = 0 kips	

Total Wind Pressure = 1.031 kips

Equivalent Centroid = 14.612 ft

Moment at Grade = 15.07 Kip-ft (Each pole)

Moment at Stage1 = "N/A" Kip-ft (Each pole)

Moment at Stage2 = "N/A" Kip-ft (Each pole)

Moment at Stage3 = "N/A" Kip-ft (Each pole)

Moment at Sign = 1.744 Kip-ft

sign check $\frac{1.744 \cdot 12}{29} = 0.722$ section modulus req'd. < 1.68 section modulus avail. OK

pole check $\frac{(15.07 \cdot 12)}{39} = 4.637$ section modulus req'd. < 6.78 section modulus avail. OK

RECEIVED JUL 19 2007



Address **1158 Forest Ave**

Address is approximate

Save trees. Go green!
Download Google Maps on your phone at google.com/gmm



Shane Moffett

From: "Frank Dixon" <fdixon1@comcast.net>
To: <shane@neokraft.com>
Subject: authorization letter
Date sent: Fri, 27 Mar 2009 14:29:09 -0400

To Whom it may concern:

This letter is to authorize NeoKraft Signs, Inc. to install all signage as per plans submitted to the city of Portland. In addition this letter also serves as authorization for NeoKraft Signs Inc. to act as agent in order to file any required paperwork, variance agreement or any other documents required by local, village, town or city in regards to permitting at 1170 Forest Ave. Portland, Maine 04103.

Sincerely,

Frank Dixon

Dixon Associates.

CERTIFICATE OF LIABILITY INSURANCE

3/31/2009

PRODUCER O'Hearn Insurance Agency 1087 Forest Ave Portland, Me. 04103 207-797-9400		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 Dixon, Frank 2400 North East 36th St. #12 Lighthouse Point, FL 33064		INSURERS AFFORDING COVERAGE INSURER A: Providence Mutual INSURER B: INSURER C: INSURER D: INSURER E:	NAIC#

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.

INSTR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP0056765	03/31/09	03/31/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <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"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

City of Portland is additionally insured

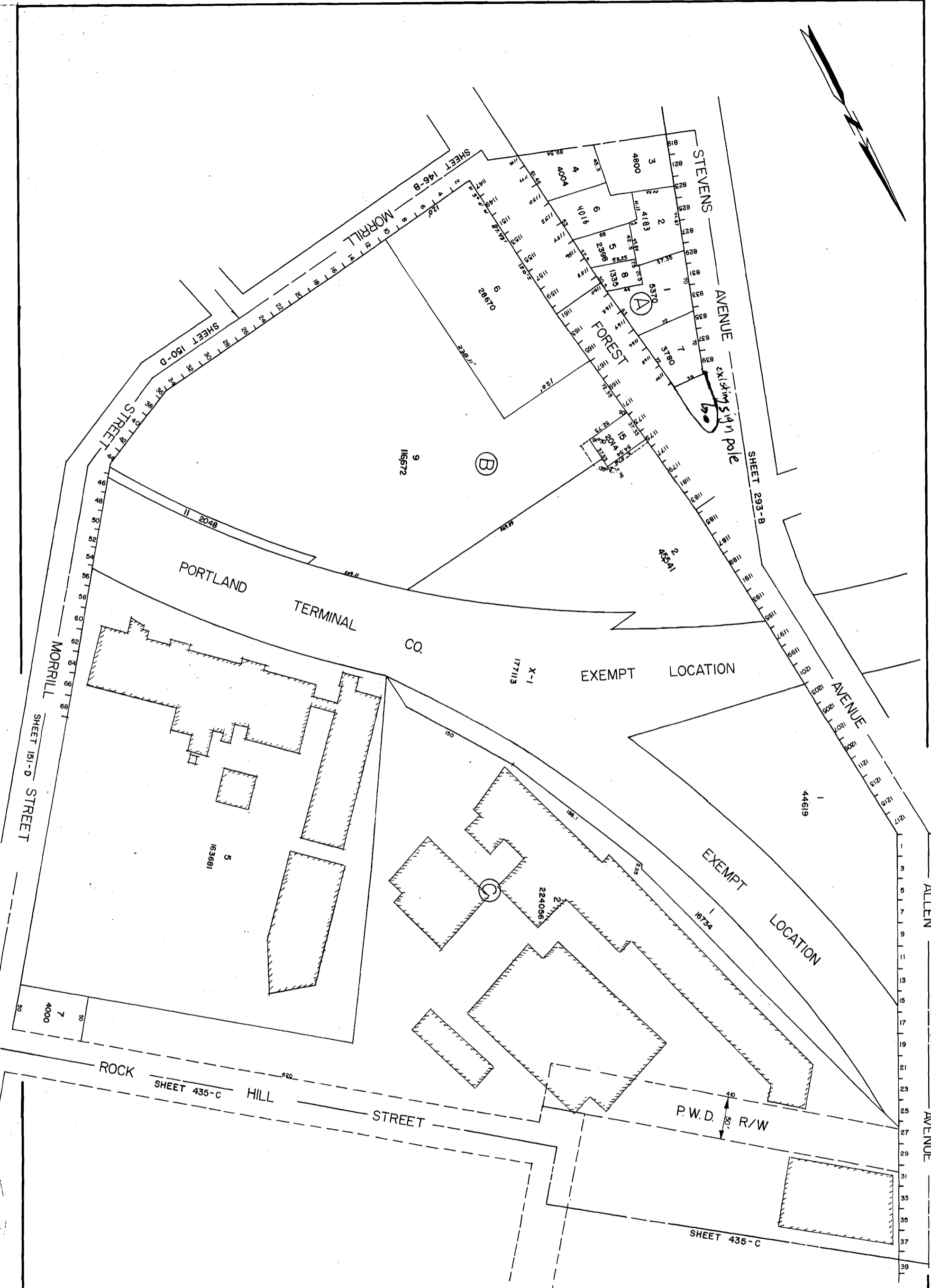
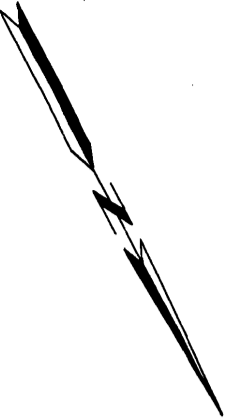
CERTIFICATE HOLDER

City of Portland
 389 Congress St.
 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 30 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



No 152

CITY OF PORTLAND
ASSESSORS PLAN
SCALE 1" = 50'
REDRAWN 5.76
Revised 3/1/05