SPURWSER

Client#: 1030580

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2015

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).

| certificate holder in lieu of such endorsement(s). | | | | |
|---|---|--------------|--|--|
| PRODUCER USI Insurance Services LLC-CL 75 John Roberts Road, Building C | CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 E-MAIL ADDRESS: | | | |
| South Portland, ME 04106 855 874-0123 | INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insuranc | NAIC # 18058 | | |
| Spurwink Services, Inc. 899 Riverside Street Portland, ME 04103 | INSURER B : INSURER C : INSURER D : INSURER E : | | | |
| COVERAGES CERTIFICATE NUMBER: | INSURER F: REVISION NUMBER: | | | |

| THIS IS TO CERTIFY THAT TH | IE POLICIES OF INSURANCE | LISTED BELOW HAVE BEEN ISSUED T | O THE INSURED NAMED | ABOVE FOR THE POLICY PERIOL |
|-----------------------------|--------------------------|---------------------------------|---------------------|-----------------------------|
| INDICATED NOTWITHSTANDIN | IG ANY REQUIREMENT TER | RM OR CONDITION OF ANY CONTRACT | OR OTHER DOCUMENT | WITH RESPECT TO WHICH THIS |
| CERTIFICATE MAY BE ISSUED | OP MAY PERTAIN THE IN | SURANCE AFFORDED BY THE POLICIE | S DESCRIBED HEREIN | IS SUBJECT TO ALL THE TERMS |
| CERTIFICATE IVIAT BE 1330ED | OF SUCH POLICIES LIMIT | TS SHOWN MAY HAVE BEEN REDUCE | D BY PAID CLAIMS | |
| EXCLUSIONS AND CONDITION | | | | |
| | ADDI CUDDI | POLICY FE | F POLICY EXP | |

| VSR TR | TYPE OF INSURANCE | ADDL S | UBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | 8 |
|------------------|--|------------|------------|---|-----------------------------------|------------------------|--|--------------|
| A | GENERAL LIABILITY PHPK1275797 | | 01/01/2016 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 \$1,000,000 | | | |
| COMMERCIAL GENER | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | \$20,000 |
| | 4 | | | | | | PERSONAL & ADV INJURY | s1,000,000 |
| | | PLIES PER: | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 \$ | |
| ١ | POLICY PRO- JECT LOC AUTOMOBILE LIABILITY | | _ | PHPK1275797 | 01/01/2015 | 01/01/2016 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| ` | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| 9 | ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident) | \$ |
| ì | AUTOS AUTOS NON-OWNED AUTOS AUTOS | WNED | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | ASTOC | | | | | | | \$ |
| 4 | UMBRELLA LIAB OCCUR | | PHUB485579 | PHUB485579 | HUB485579 01/01/2015 | 01/01/2016 | EACH OCCURRENCE | \$10,000,000 |
| _ | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$10,000,000 |
| | DED X RETENTION \$10,000 | | | | | | | \$ |
| \neg | WORKERS COMPENSATION | | | | | | WC STATU- OTH- TORY LIMITS ER | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| Α | Professional Liab | | | PHSD1005438 | 01/01/2015 | 01/01/2016 | \$1,000,000 Per Clain | n |
| | | | | | | | \$2,000,000 Aggrega | te |
| | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: signage permit application

The General Liability policy includes a blanket automatic Additional Insured endorsement that provides Additional Insured status to the City of Portland, only when there is a written contract between the named insured and the certificate holder that requires such status.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| City of Portland 389 Congress St Portland, ME 04101 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Foldand, ME 04101 | AUTHORIZED REPRESENTATIVE |
| 6 | Sert Turther |

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