Client#: 1035832

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2015

TRANSLEA2

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).

CE	ertificate holder in lieu of such endors	seme	nt(s).								
PRODUCER						СТ					
USI Insurance Services LLC-CL						PHONE (A/C, No, Ext): 855 874-0123			FAX (A/C, No): 877-775-0110		
75 John Roberts Road, Building C						SS:	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
South Portland, ME 04106						33.	COVERACE		NAIC #		
855 874-0123					INSURER(S) AFFORDING INSURER A : Travelers Indemnity Co.					25666	
INSURED						INSURER B : Charter Oak Fire Insurar					25615
Transport Leasing Corp.							isurar	ce Comp		23013	
95 Pleasant Hill Road					INSURER C :						
Scarborough, ME 04074					INSURER D :						
					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POL	EMEN' NN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED I	R OTHER DOO DESCRIBED H BY PAID CLAI	CUMENT HEREIN	WITH RESPECT	TO WH	IICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD POLICY NU		POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (N		POLICY EXP (MM/DD/YYYY)	LIMIT		rs	
A	X COMMERCIAL GENERAL LIABILITY			I6607D131248TIA15			10/07/2016	EACH O	CCURRENCE	\$1,00	0,000
	CLAIMS-MADE X OCCUR			,				DAMAGE	TO RENTED ES (Ea occurrence)	\$100.	
	GEATWIG-WADE 21 OCCOR								(Any one person)	\$10,0	
									AL & ADV INJURY	-	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								L AGGREGATE		0,000
	PRO-									-	0,000
	POLICY JECT LOC							PRODUC	TS - COMP/OP AGG	\$2,00	0,000
	OTHER:							COMBIN	ED SINGLE LIMIT	-	
	AUTOMOBILE LIABILITY							(Ea accid	ent)	\$	
	ANY AUTO								INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS								INJURY (Per accident)	+	
	HIRED AUTOS NON-OWNED AUTOS							(Per acci	RTY DAMAGE dent)	\$	
										\$	
В	X UMBRELLA LIAB X OCCUR	UMBRELLA LIAB X OCCUR		CUP7D139295		10/07/2015	10/07/2016	EACH OCCURRENCE		\$5,00	0,000
	EXCESS LIAB CLAIMS-MADE							AGGRE	SATE	\$5,00	0,000
	DED X RETENTION \$5000									\$	
	WORKERS COMPENSATION							PEF	TUTE ER	-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								H ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							EASE - EA EMPLOYE	+	
	If yes, describe under					-					
	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISI	EASE - POLICY LIMIT	3	
						,					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				ule, may	be attached if mo	ore space is requ	ired)			
Ke:	sign installation at building 7, P	ortia	na J	егроп							
The	General Liability policy(s) inclu	des a	an at	itomatic Additional Ins	ured	endorseme	nt that prov	rides			
	ditional Insured status to the City						ct that requ	ires s	uch		
sta	tus, and only with regard to work	per	form	ed on behalf of the nar	med ir	ısured.					
	TITIOA TE UOI DES				CANC	ELL ATION					
CEI	RTIFICATE HOLDER				CANC	ELLATION					
				* *	SHO	ULD ANY OF	THE ABOVE DE	SCRIRE	D POLICIES BE C	ANCELL	ED BEFORE
City of Portland						EXPIRATION	N DATE THE	REOF,	NOTICE WILL		
389 Congress St						ACCORDANCE WITH THE POLICY PROVISIONS.					
Portland, ME 04101											
						AUTHORIZED REPRESENTATIVE					

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