



Permitting and Inspections Department
Approved with Conditions

06/22/2018

May 11, 2018

Mr. Rob Mainville
Burr Signs
40A Manson Libby Rd.
Scarborough, ME 04074

Dear Rob:

Please accept this letter as a formal request to pursue permits for exterior signage on our behalf for the Cross Insurance properties at 2331 and 2367 Congress Street in Portland, Maine.

Sincerely,

Eric Jermyn
President, Cross Employee Benefits



CERTIFICATE OF LIABILITY INSURANCE



DATE
5/23/2018

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), APPROVED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

06/22/2018

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).

PRODUCER Cross Insurance-Portland 2331 Congress Street Portland ME 04102	CONTACT NAME: Ben Stallman	PHONE (A/C No. Ext): (207) 780-1677	FAX (A/C No.): (207) 780-6377
	E-MAIL ADDRESS: bstallman@crossagency.com		
INSURED Glidden Signs Inc, DBA: Burr Signs 40A Manson Libby Road Scarborough ME 04074	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ohio Security Ins Co	24082	
	INSURER B: Ohio Casualty Insurance Company	24074	
	INSURER C: Maine Employers Mutual Ins Co	11149	
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL1831542654 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		BKS57799151	3/25/2018	3/25/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Contractors Errors and \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS57799151	3/25/2018	3/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured Motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO57799151	3/25/2018	3/25/2019	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1810110281	3/25/2018	3/25/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Portland is named as Additional Insured with respect to General Liability when required by written contract.

CERTIFICATE HOLDER City of Portland 1067 Riverside Street Unit #2 Portland, ME 04102	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 Ben Stallman/BST
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5/16/2018

FW: Cross Insurance - Congress Street Sign - Lindsay Carter



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FW: Cross Insurance - Congress Street Sign

Rob Mainville

Wed 5/16/2018 12:46 PM

To: Lindsay Carter <lindsay@burrsgns.com>;

1 attachments (239 KB)

Sign Updated.doc;

Just received this from Julie who is at the original Cross Insurance building next to the new Cross Benefits...

From: Julie Barrett <jbarrett@CrossAgency.com>
Sent: Wednesday, May 16, 2018 12:30 PM
To: Rob Mainville <rob@burrsgns.com>
Subject: Cross Insurance - Congress Street Sign

Good Afternoon Rob,

I was given your email by Judy Conley in our Benefits Division. We at the Personal & Commercial division in Portland are also interested in having a new sign installed in front of our building to replace the current sign.

I have attached a suggested format which differs a little from the Benefits sign across the street.

Are you able to provide a markup and a quote for this sign?

Thank you very much.

Julie Barrett | *Executive Administrator*

Cross Insurance | 2331 Congress Street, Portland, Maine 04102

Direct: 207.221.8571 | Cell: 603.828.2177 | Fax: 207.828.8902

Email: jbarrett@crossagency.com | www.crossinsurance.com



PLEASE NOTE COVERAGE CANNOT BE BOUND OR CHANGED USING THIS E-MAIL SYSTEM.

This electronic message transmission contains information from Cross Insurance which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please delete it and notify us by telephone 207-221-8571 or by electronic mail to jbarrett@crossagency.com immediately. Although this e-mail and any attachments are believed to be free of any virus or other defects, it is the responsibility of the recipient to ensure that it is virus-free and no responsibility is accepted by the sender for any loss or damage arising if such a virus or defect exists.

Desmond & Payne, Inc. dba Cross Insurance - Portland is legally organized as a Maine business corporation and is separately managed and operated as a wholly owned subsidiary of Cross Financial Corp., Bangor, ME.



Proposed replacement sign For 2331 Congress St.



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Burr Signs
40A Manson Libby RD
Scarborough, Maine 04074
Telephone: 207.396.6111
Fax: 207.846.7622
http://www.burrsigns.com

These plans are the exclusive property of Burr Signs and are the result of the original artwork of its employees. They are submitted to Burr Signs client for the sole purpose of consideration of whether to purchase these plans or to purchase from Burr Signs a sign manufactured according to these plans.

Distribution or exhibition of these plans to anyone other than employees of said client, or use of these plans to construct a sign similar to the one embodied herein, is expressly forbidden. In the event that such exhibition or construction occurs, Burr Signs expects to be reimbursed \$1500 in compensation for time and effort entailed in creating these plans.

Cross Benefit Solutions
Portland

Location: 2331 Congress Street, Portland, Maine
Drawing: Monument Sign 1.cdr
Date: 03/26/18
Rep: Bob Mainville
Revised: 05/25/18
Customer Approval:

FRONT VIEW

SCALE: 1/2"=1'

7'-6"



CROSS
INSURANCE
WHERE SECURITY MEETS STRENGTH

COMMERCIAL • PERSONAL • BONDS
2331 CONGRESS STREET

*DIMENSIONS SUBJECT TO CHANGE
UPON SURVEY COMPLETION

- (1) D.F. 3' x 7' 6" x 9" SIGN CABINET JIGGED OUT PUSH THROUGH WITH ACRYLIC
 - JIGGED OUT 1/8" ALUMINUM DIBOND
 - PUSHED THRU 1" WHITE ACRYLIC WITH TRANSLUCENT BLACK TRANS VINYL & SUNFLOWER 3630-25 (3M)
 - INTERNALLY ILLUMINATED W/ WHITE LED'S
- (*) S.F. 1' X 7' 6" X 9" INTERNALLY ILLUMINATED CABINET WITH BLACK TRANS VINYL
 - INTERNALLY ILLUMINATED W/ WHITE LED'S
- 10' x 10" x 10" METAL POSTS

MONUMENT SIGN 1 22.5 SF

CROSS BENEFIT SOLUTIONS - PORTLAND

Existing Pylon Sign that Cross Insurance Wants to replace located at 2331 Congress St.



06/22/2018



Permitting and Inspections Department
Michael A. Russell, MS, Director

Signage /Awning Permit Application and Checklist

(For the purposes of this application, an awning shall be considered to be a lightweight metal frame structure over which a fabric covering is attached.)

Applications shall be submitted online via the Citizen Self Service portal. Refer to the attached documents for complete instructions. The following items shall be submitted (please check and submit all items):

- Signage/Awning Permit Application form
- Certificate of Liability listing the City as an 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.
- A copy of the signed lease or letter of permission from the property owner indicating the specific permissions granted and the tenant/space building frontage.
- A plan showing the specific locations of all existing and proposed signs:
 - o For freestanding signs: the plan shall depict lot lines, buildings, driveways, abutting streets or rights of way, lengths of street frontages, and setbacks from freestanding signs to the nearest lot line.
 - o For all other signs and awnings: the plan shall depict buildings, driveways, abutting streets or rights of way, and building façade dimensions. Photos or other documentation similar to a drawn plan are acceptable, provided that all required information is included.
- A drawing or photo of the proposed sign showing content, all dimensions, materials, source of illumination, details of anchoring and installation (e.g., attachment specifications, footing details for freestanding signs, etc.).
- Certificate of flammability is required for awnings or banners.
- AUL Classification Mark, found on the product, is required for illuminated signs at the time of final inspection.
- Photos of existing signage.



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The Permitting and Inspections Department may request additional information prior to the issuance of a permit.



Permitting and Inspections Department
 Michael A. Russell, MS, Director

Signage /Awning Permit Application

Building Information:

Exterior Length of façade of tenant space (ft): _____ Height of exterior façade (ft): _____
 Lot frontage on street (ft): _____ This is a (select one): Single Tenant Lot Multi-Tenant Lot
 If multi-tenant, this is a (select one): Ground floor unit Upper story unit
 Current specific use: Cross Insurance If vacant, prior use: _____
 Proposed use: Replace existing Freestanding sign with new

Information on EXISTING signs that will remain:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only:		Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)
	Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	Is awning backlit? (Y/N)			

Information on PROPOSED signs:

Type (i.e. awning, freestanding sign, attached building sign)	For awnings only:		Dimensions of awning or sign (include length, width, and height, as applicable)	Height of awning or sign above the ground to its highest point	For freestanding signs - setback of closest point of sign to the nearest property line(s)
	Is there any symbol/lettering on awning? (Y/N – if Y, list the dimensions of the messaging)	Is awning backlit? (Y/N)			
Replacement Freestanding			3' x 7'-6" x 9'		

I hereby certify the following:

- I am the Owner of record of the named property, or the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his/her authorized agent.
- I assume responsibility for compliance with all applicable statutes, codes, ordinances, rules and regulations.
- I understand that this application will not be reviewed for code compliance, and I certify that the proposed sign will be installed in accordance with the IBC 2009.
- I understand that if a Code Official determines that the sign has been installed in violation of any statute, code, or ordinance, that I am responsible for remedying the violation.
- 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: Rob Wink Date: 6-12-18
 This is a legal document and your electronic signature is considered a legal signature per Maine state law.

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Approved with Conditions

06/22/2018

Location: 2331 Congress Street, Portland, Maine
Drawing: Monument Sign 1.cdr
Drawn By: Libby Carter
App. Mod: Mainville
Date: 03/26/18
Revised: 05/25/18
Customer Approval:

Cross Benefit Solutions
Portland

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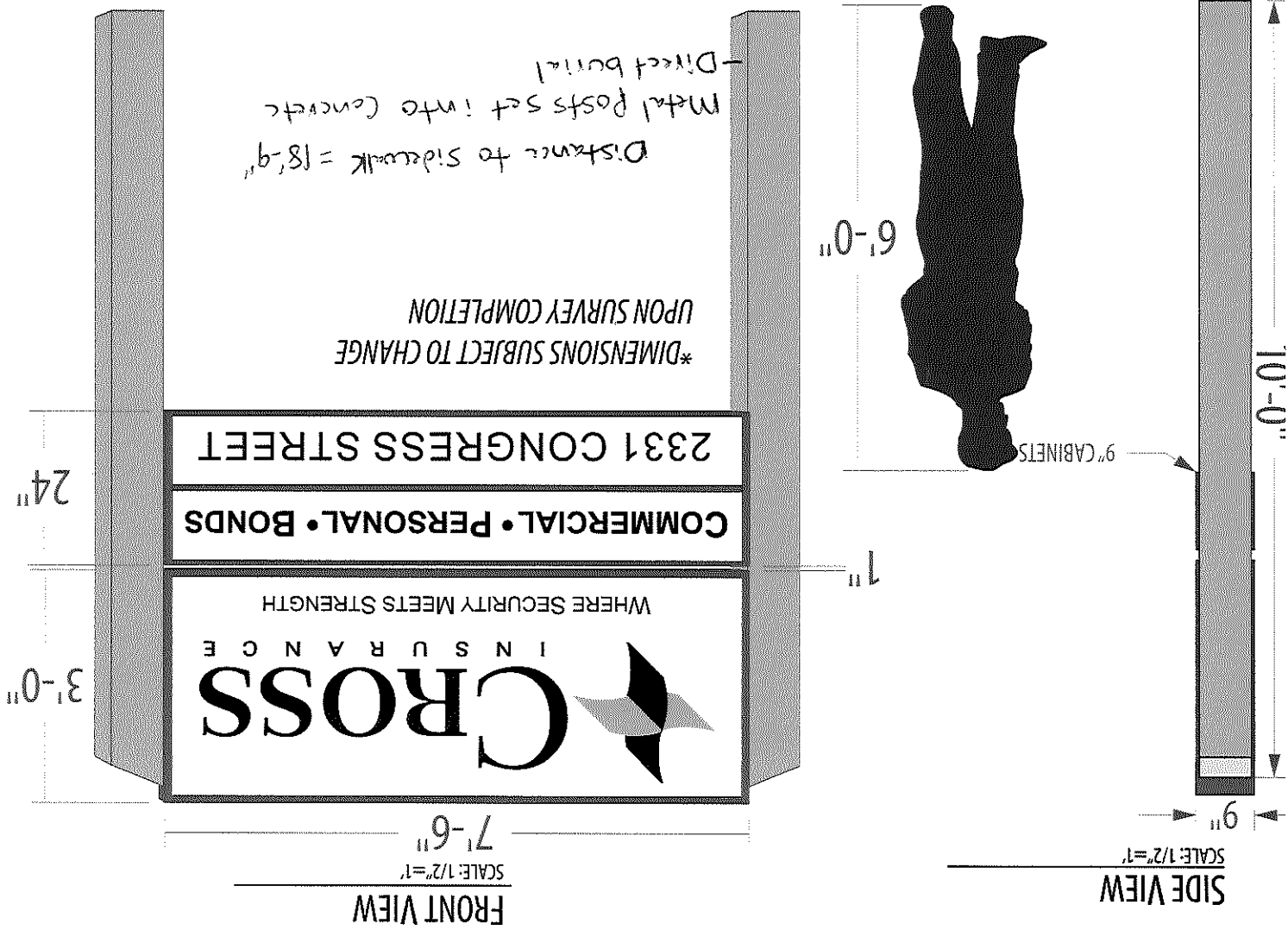
Burr Signs
404 Mansson Libby Rd
Scarborough, Maine 04074
Telephone: 207.396.6111
Fax: 207.846.7622
http://www.burrsigns.com



MONUMENT SIGN 1
CROSS BENEFIT SOLUTIONS - PORTLAND

22.5 SF

- (1) D.F. 3' X 7' 6" X 9" SIGN CABINET JIGGED OUT PUSH THROUGH WITH ACRYLIC
- JIGGED OUT 1/8" ALUMINUM DIBOND
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