

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/20/2016

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 en	dorsement(s).						
PRODUCER	Andrean Mathine Inc.		E 04092	CONTACT NAME:	Luke Jackson			
	Anderson-Watkins Insur 31 Central Street Westbrook	anc		PHONE (A/C, No. Ext):	(207) 856-5500	FAX (A/C, No):(207) 8	356-0004	
		ME		È-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE			NAIC #	
				INSURER A : Pa	atriot Insurance Company		524210	
INSURED	Cliddon Ciano Ino			INSURER B : M	aine Employers Mutual Insurance	e Company	32069	
	Glidden Signs Inc Burr Signs			INSURER C :				
	40A Manson Libby Rd			INSURER D :				
	Scarborough	ME	04074-	INSURER E :				
				INSURER F :				
COVERAGES		CERTIFICATE NUMBER:			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 SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
В	X COMMERCIAL GENERAL LIABILITY	X	CPP6317730	03/25/2016	03/25/2017	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY		BAP6317730	03/25/2016	03/25/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
						Uninsured Motorist	\$	1,000,000
В	X UMBRELLA LIAB OCCUR		CPP6317730	03/25/2016	03/25/2017	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	X DED RETENTION \$ 10,000						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1810110281	03/25/2016	03/25/2017	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$	500,000
						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

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

CERTIFICATE HOLDER	CANCELLATION	AI 038211

City of Portland

Department of Permitting & Inspections

389 Congress Street, Rm 315

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.

AUTHORIZED REPRESENTATIVE

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