

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that CAR SUM ME RIVER LLC

Located At 191 RIVERSIDE ST

Job ID: 2012-11-5407-SIGN

CBL: 268- A-002-001

has permission to replace existing wall signs with new signs for Toyota, Berlin City and Scion provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

N/A

Fire Prevention Officer

A handwritten signature in black ink, appearing to read "A. B. H.", written over a horizontal line.

11/21/12

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

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

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-11-5407-SIGN

Located At: 191 RIVERSIDE ST

CBL: 268- A-002-001

Conditions of Approval:

Zoning

1. Berlin City has been upgrading the showroom etc. and now they are changing the signs on the building. This permit is being issued with the condition that the existing signs will be removed in order to put up the new replacement signs.

Building

1. Signage and Awning Installation to comply with Chapters 16 (Structural Loads), 31 (Materials) & 32 (ROW Height & Encroachments) of the IBC 2009 building code.

City of Portland, Maine - Building or Use Permit Application

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

| | | | |
|---|---|---|--|
| Job No: 2012-11-5407-SIGN | Date Applied: 11/16/2012 | CBL: 268- A-002-001 | |
| Location of Construction: 191 RIVERSIDE ST | Owner Name: CAR SUM ME RIVER LLC | Owner Address: 8270 GREENSBORO DR STE 950 MCLEAN, VA 22102 | Phone: |
| Business Name: | Contractor Name: Sign Design, Inc | Contractor Address: 207 P.O. Box Westbrook ME 04098 | Phone: 207-856-2600 |
| Lessee/Buyer's Name: | Phone: | Permit Type: Signage - Permanent | Zone: B-4 |
| Past Use: Berlin City Car Dealership | Proposed Use: Same – Berlin City car dealership – change out wall signs for Toyota, Berlin City & Scion on main facade | Cost of Work: | CEO District: |
| | | Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A Signature: | Inspection: Use Group: Type: Sign Signature: |
| Proposed Project Description: replace wall signs for Toyota, Berlin City & Scion | | Pedestrian Activities District (P.A.D.) AR 11/21/12 | |

| | | | |
|---|---|---|--|
| Permit Taken By: Brad 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. | Zoning Approval | | |
| | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK w/condition 11/21/12 ARN | 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 Dist 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: ARN |

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 |
|---|------|-------|

B-4

2012-08-4610
update shannon



Signage/Awning Permit Application

Entered 11/16/12

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.

A 2012-11-5407-SIGN

BS

| | | |
|---|---|---|
| Location/Address of Construction: 191 Riverside St. | | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 268 A002 | Owner: Car Sum ME River LLC 8270 Greensboro Dr., STE 100 Mchen VA 22102 Enc Johnson | Telephone: 321-3477 |
| Lessee/Buyer's Name (If Applicable) | Contractor name, address & telephone: SIGN DESIGN, INC. P.O. Box 207 WESTBROOK, ME 04098 | Total s.f. of signage x \$2.00 225.00 Per s.f. plus \$30.00/\$65.00 30- For H.D. signage= Total Fee: \$ Awning Fee= cost of work Total Fee: \$255.00 |

RECEIVED
NOV 15 2012
Dept. of Building Inspections
City of Portland Maine

Who should we contact when the permit is ready: DIANA/ROGER phone: 856-2600

Tenant/allocated building space frontage (feet): Length: 245' Height: 20'
Lot Frontage (feet): 300 (Single Tenant) or Multi Tenant Lot: single

Current Specific use: car dealership
If vacant, what was prior use:
Proposed Use: N/A

Information on proposed sign(s): 4 B/m signs 112.80 SF x 2.00 = 225.00
Freestanding (e.g., pole) sign? Yes ___ No ___ Dimensions proposed: Height from grade: ___
Bldg. wall sign? (attached to bldg) Yes No ___ Dimensions proposed: see attached

Proposed awning? Yes ___ No Is awning backlit? Yes ___ No ___
Height of awning: ___ Length of awning: ___ Depth: ___
Is there any communication, message, trademark or symbol on it? Yes ___ No ___
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 ___ No ___ Dimensions: ___
Bldg. wall sign? (attached to bldg) Yes ___ No ___ Dimensions: ___
Awning? Yes ___ No ___ 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.

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: Diana Otmsted Date: 11/07/12

This is not a permit; you may not commence ANY work until the permit is issued.

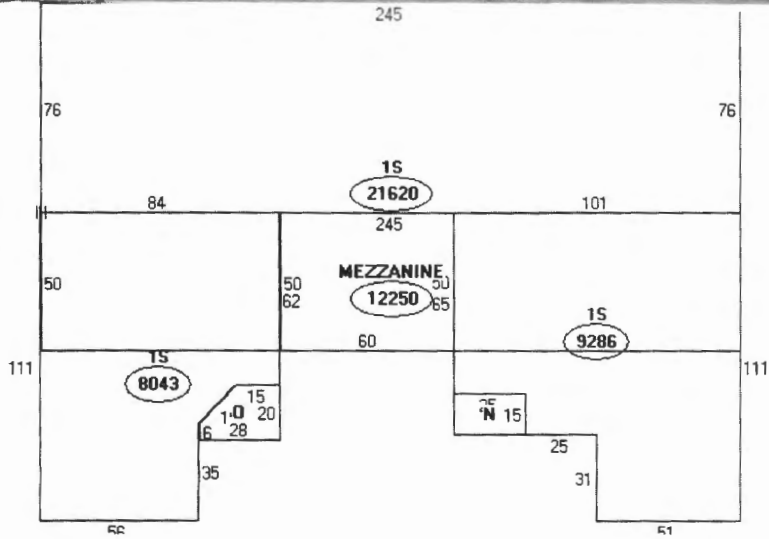
2x 245 = 490 ft proposed 112.80 (D/C)



Copyright 2011 Esri. All rights reserved. Mon Oct 22 2012 11:38:49 AM.

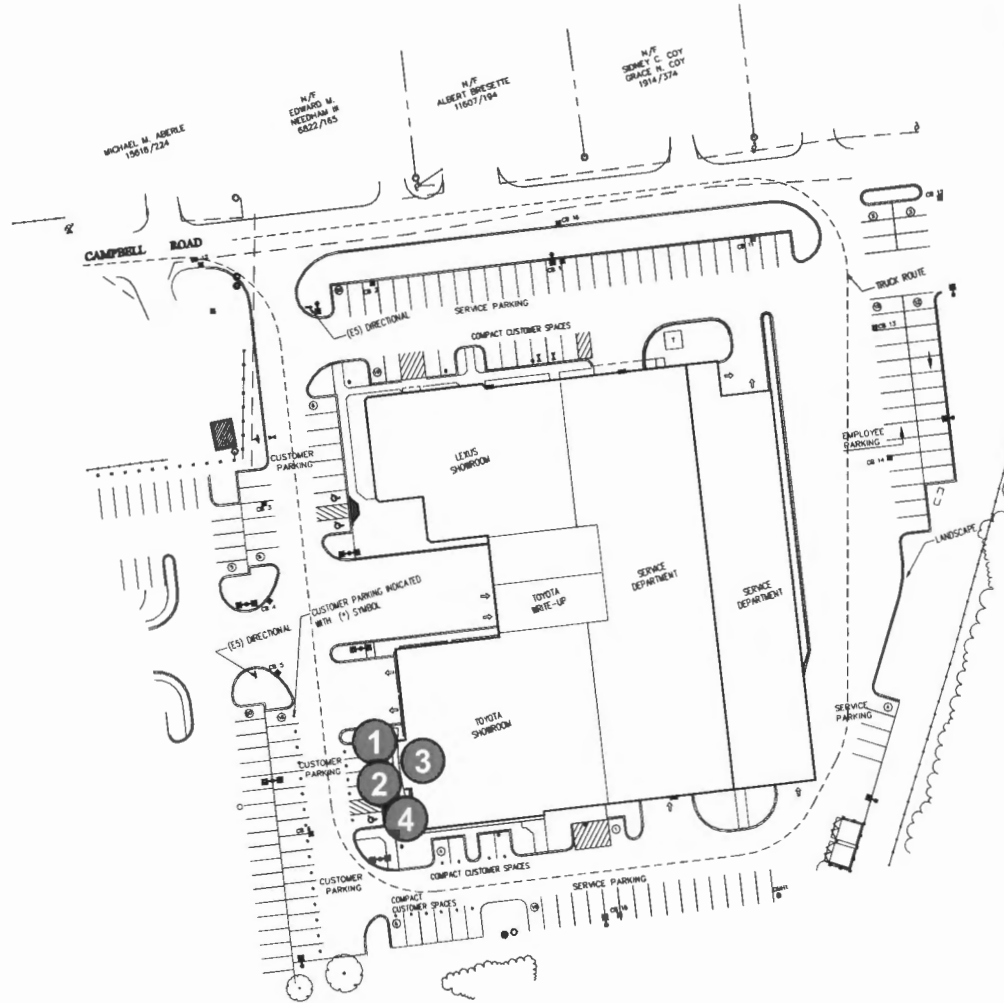


Existing



- | Descriptor/Area | Area |
|-----------------------------|-------------|
| A: 047 | 21620 sqft |
| B: 046 | 17329 sqft |
| C: 084 | 12250 sqft |
| D: OVERHEAD DR-WOOD/MTL | 120 sqft |
| E: PORCH, OPEN | 375 sqft |
| F: PORCH, OPEN | 469 sqft |
| G: OVERHEAD DR-WOOD/MTL | 320 sqft |
| H: ELEVATOR ELECTRIC PASNGR | 625000 sqft |
| I: SPRINKLER SYS WET | 51199 sqft |
| J: 1S | 21620 sqft |
| K: 1S | 9286 sqft |

- 1 SL72
- 2 PDNI21
- 3 TOY3-NI
- 4 SBL15



Date: _____
Customer Approval:

| | |
|--|---|
| <p>ISO 9001:2008 Certified Enterprise</p> | <p>ENSEIGNES PATTISON SIGN GROUP</p> <p>Tel (506) 735-5506 Fax (877) 737-1734 Toll Free 1-800-561-9798</p> |
|--|---|



Tel (506) 735-5506 Fax (877) 737-1734 Toll Free 1-800-561-9798

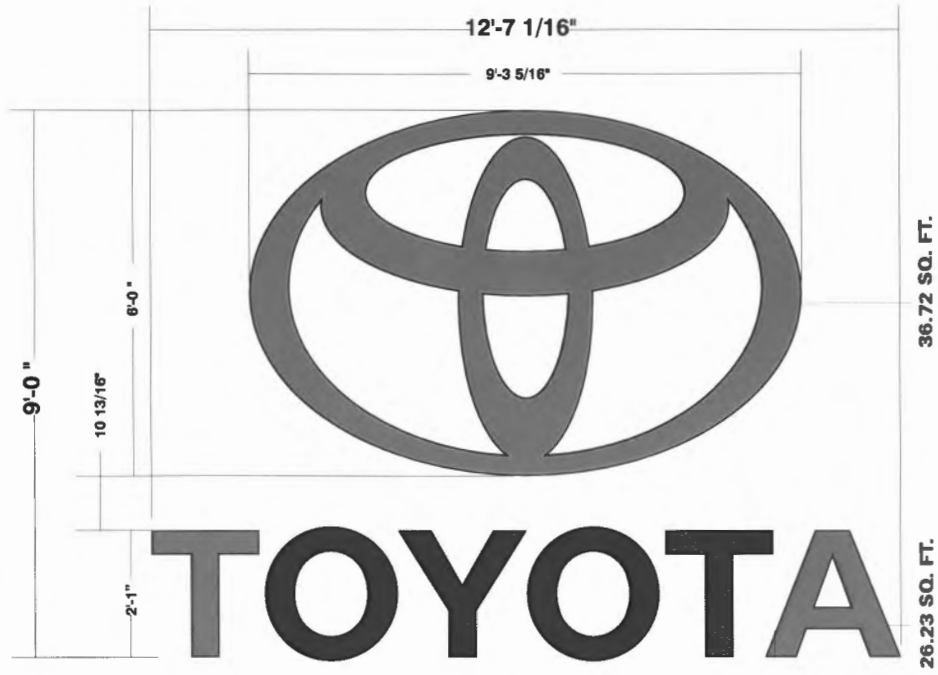
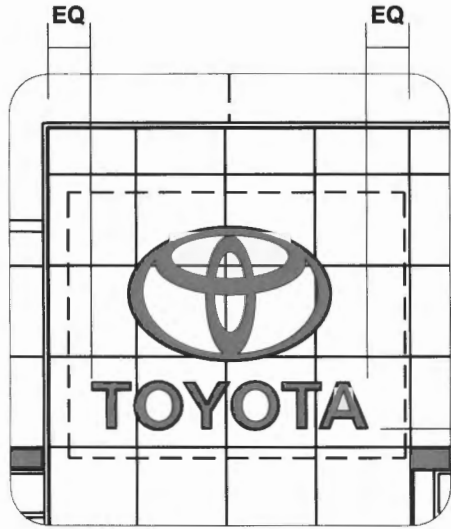
| | |
|-------------|---------------------------|
| Client: | BERLIN CITY TOYOTA #18037 |
| Site: | PORTLAND, ME |
| Consultant: | LUC DUGUAY |
| Draftsman: | ANDRE CHARETTE |
| Date: | 06.11.2012 |
| Page: | 6/6 |
| Scale: | N.T.S. |

Proposed placements

LD-21723, 191 Riverside St. Portland, ME. 2012/06/12

LD-21723A
ELEVATION
Installation: Interior: Exterior:

1 SL72



36.72 SQ. FT.
26.23 SQ. FT.

= 62.95



Comes already installed on portal

Date: _____
Customer Approval:

This sign is intended to be installed in accordance with the requirements of Article 10 of the National Fire Protection Code and after appropriate approval. The sign shall be installed in accordance with the requirements of Article 10 of the National Fire Protection Code and after appropriate approval. The sign shall be installed in accordance with the requirements of Article 10 of the National Fire Protection Code and after appropriate approval.

ISO 9001:2008 Certified Enterprise

ENSEIGNES PATTISON SIGN GROUP
Tel (506) 735-5506 Fax (877) 737-1734 Toll Free 1-800-561-9798

| | |
|-------------|---------------------------|
| Client: | BERLIN CITY TOYOTA #18037 |
| Site: | PORTLAND, ME |
| Consultant: | LUC DUGUAY |
| Draftsman: | ANDRE CHARETTE |
| Date: | 06.11.2012 |
| Page: | 1/6 |
| Scale: | 1/16" = 1'-0" |

www.pattisonsign.com

© 2011 ENSEIGNES PATTISON SIGN GROUP. ALL RIGHTS RESERVED. NO PART OF THE DRAWING MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS WITHOUT THE WRITTEN PERMISSION FROM ENSEIGNES PATTISON SIGN GROUP.

TOY1C4E7135

PORTAL SL72 (ORILLIA)

Installation: Interior Exterior

Electrical specifications:

Volts: 120 Amp: 1.7 Circ: 1

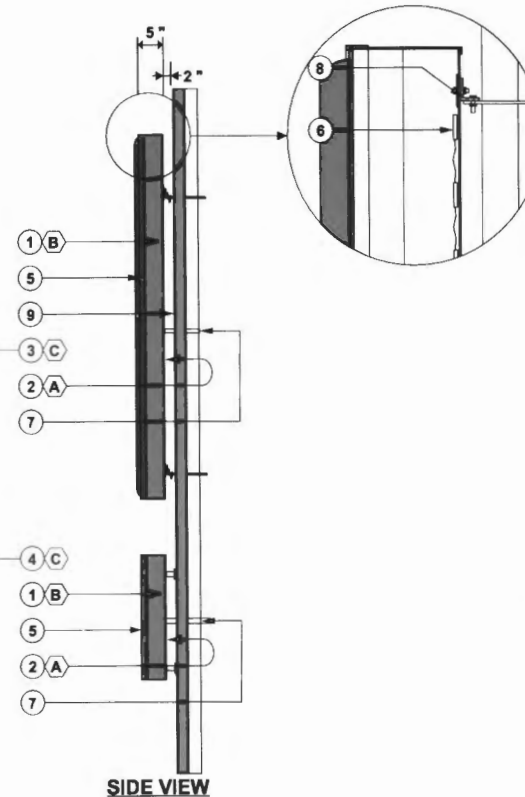
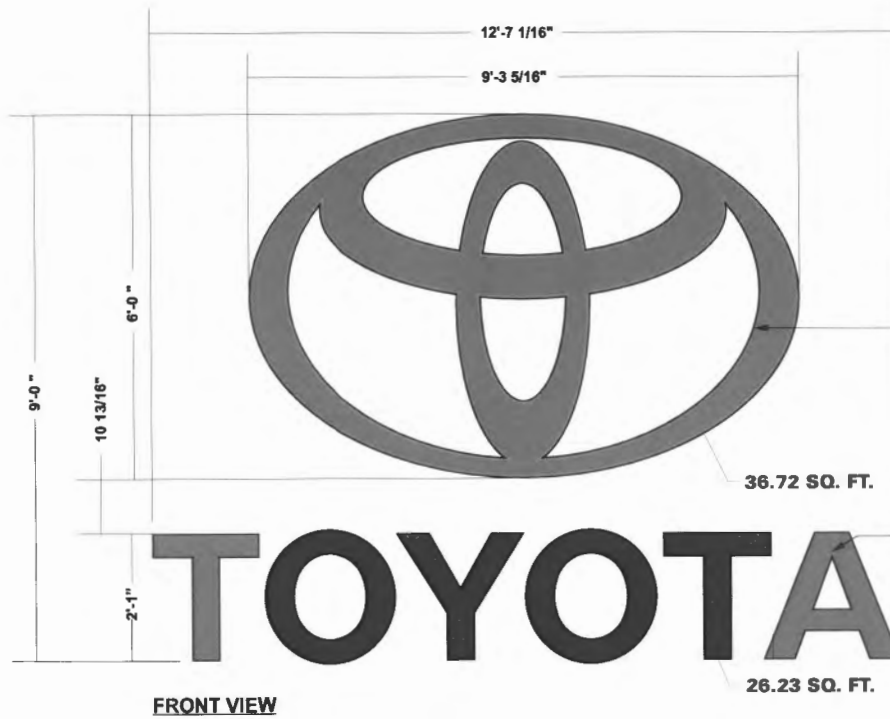
Descriptions:

| | |
|---|---|
| 1 | 0.040 ALUMINUM CABINET PRE-PAINTED RED |
| 2 | 0.064 ALUMINUM BACKING PAINTED |
| 3 | 3/16" MOLDED WHITE PIGMENTED ACRYLIC #2447 VINYL APPLIED ON FIRST SURFACE |
| 4 | 3/16" FLAT WHITE PIGMENTED ACRYLIC #2447 VINYL APPLIED ON FIRST SURFACE |
| 5 | RED TRIM |
| 6 | ILLUMINATION BY (TETRA MAX) RED LED |
| 7 | ELECTRICAL PASSE-THRU |
| 8 | (1 1/2" X 1 1/2" X 1/8" ANGLE) (2" X 2" X 1/4" INTERIOR WASHER) (3/8" BOLTS WASHERS & NUTS) SUPPORT METHODE |
| 9 | GLASS PORTAL |

Notes:
- ELECTRICAL HOOKUP SUPPLIED BY OTHERS

| # | Colors: |
|---|----------------------|
| A | PAINTED RED |
| B | PRE-PAINTED RED |
| C | 3M RED VINYL 3630-73 |

| # | Revision(s) | By: | Date: |
|---|-------------|-----|------------|
| 1 | ADDED NOTE | ACH | 02.29.2012 |



Customer Approval: _____ Date: ____/____/____

| PRODUCTION INFORMATION: XX | | Descriptions | Plate # |
|----------------------------|--|--------------|---------|
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |
| XX | | | |

ISO 9001-2008 Certified Enterprise

www.pattisonsign.com

ENSEIGNES
PATTISON
SIGN GROUP

Tel (506) 735-5506 Fax (506) 737-1740 Toll Free 1-800-561-0798

| | |
|-------------|----------------|
| Client: | TOYOTA |
| Site: | VARIOUS |
| Draftsman: | ANDRE CHARETTE |
| Date: | 02.22.2012 |
| Checked By: | JB |
| Page: | 1 / 2 |
| Scale: | 1/2" = 1'-0" |

2 PDNN21

148.19

12'-4 3/16"

23.56
SF

1'-9"

BERLIN CITY

ALIGN TO RED BAND



Date: _____
Customer Approval:

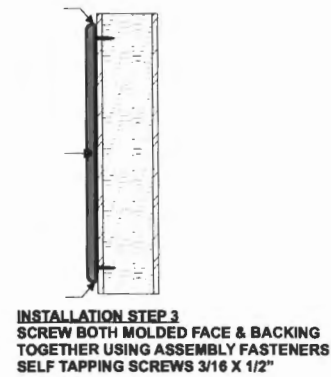
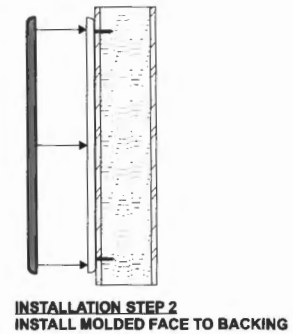
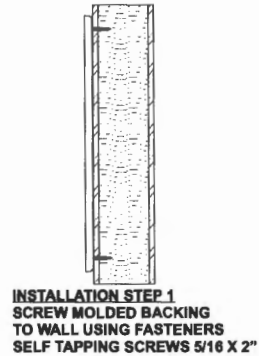
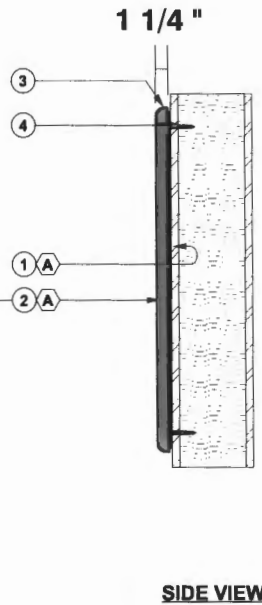
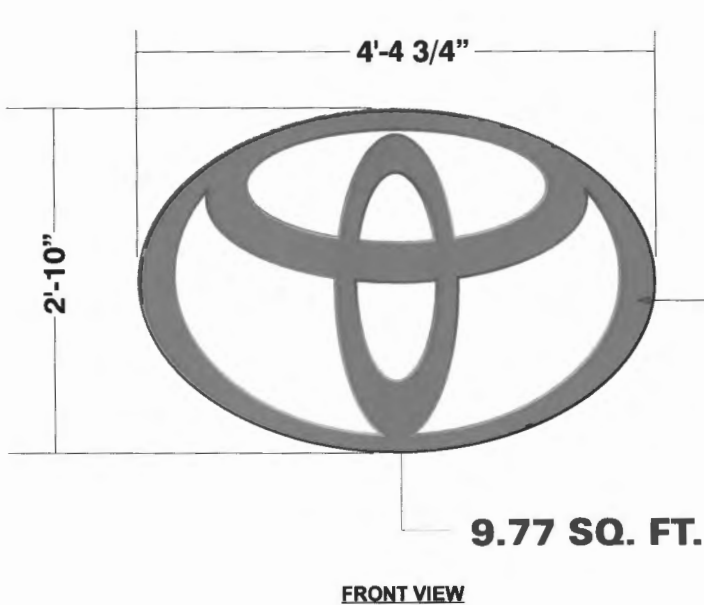
Pattison Sign Group is a registered sign contractor. Fluorescent, neon and LED signs. These signs contain Mercury (Hg). Dispose of these signs according to Local, Province, State or Federal Law.

ISO 9001:2008 Certified Enterprise

LD-21723A
ELEVATION
Installation: Interior: Exterior:

ENSEIGNES PATTISON SIGN GROUP
 Tel (506) 735-5506 Fax (877) 737-1734 Toll Free 1-800-561-9798

| | |
|-------------|---------------------------|
| Client: | BERLIN CITY TOYOTA #18037 |
| Site: | PORTLAND, ME |
| Consultant: | LUC DUGUAY |
| Draftsman: | ANDRE CHARETTE |
| Date: | 06.11.2012 |
| Page: | 2/6 |
| Scale: | 1/16" = 1'-0" |



| TOY1C7EX001 | | | | | |
|----------------------------|--|--|-----|--------|-----|
| NON-ILLUMINATED TOY-3 | | | | | |
| WALL MOUNTED | | | | | |
| Installation: | <input type="checkbox"/> Interior | <input checked="" type="checkbox"/> Exterior | | | |
| Electrical specifications: | | | | | |
| Volts: | N/A | Amp.: | N/A | Circ.: | N/A |
| # | Descriptions: | | | | |
| 1 | ABS CABINETS | | | | |
| 2 | 3/16" FACE ABS | | | | |
| 3 | ASSEMBLY FASTENERS SELF TAPPING SCREWS 3/16 X 1/2" | | | | |
| 4 | FASTENERS SELF TAPPING SCREWS 5/16 X 2" | | | | |
| # | Colors: | | | | |
| A | PAINT TO MATCH VINYL #3630-73 | | | | |

| | | | |
|--------------------------|----------------------|---------------|----------------------|
| Customer Approval: _____ | Date: ____/____/____ | By: _____ | Date: ____/____/____ |
| PRODUCTION INFORMATION | XX | Descriptions: | Plate #: |
| XX | | XX | XX |
| | | XX | XX |
| | | XX | XX |

This sign intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and / or other applicable local codes. This includes proper grounding and bonding of the sign.

Pattison Sign Group illuminated signs contain Fluorescent, Neon and/or HID Lamps. These lamps contain Mercury (Hg). Dispose of these lamps according to Local, Provincial, State, or Federal Laws.

IT IS AGREED THAT THE CLIENT IS ENTIRELY RESPONSIBLE TO INSTALL THE CONCRETE BASE AS PER ENSEIGNES PATTISON SIGN GROUP'S TECHNICAL DRAWINGS OR THE EQUIVALENT. WHERE AN EXISTING BASE IS USED, THE CLIENT AGREES TO CHECK IF THE CONCRETE BASE CAN SUPPORT THE SIGN AS SUPPLIED BY ENSEIGNES PATTISON SIGN GROUP. ENSEIGNES PATTISON SIGN GROUP WILL NOT ACCEPT ANY LIABILITY.

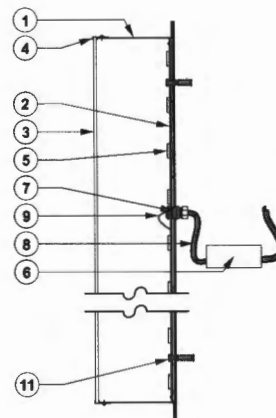
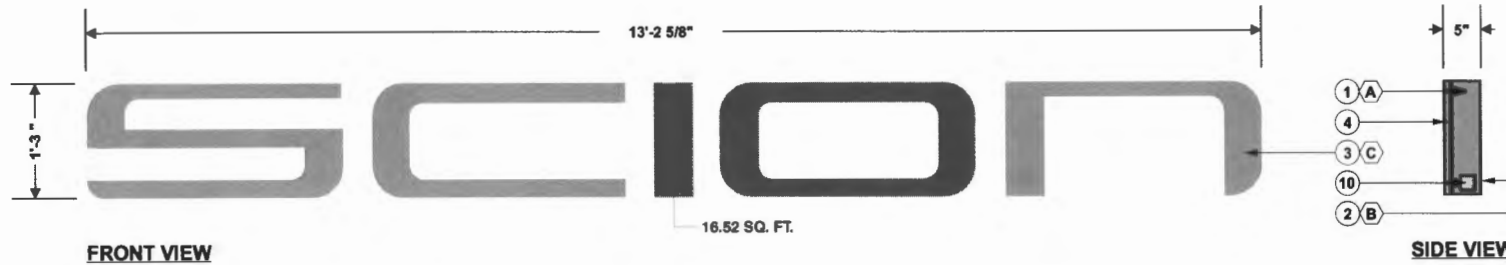
ENSEIGNES PATTISON SIGN GROUP
 •Tel (506) 735-5506 •Fax (506) 737-1740 •Toll Free 1-800-561-8788

| | |
|-------------|----------------|
| Client: | TOYOTA |
| Site: | VARIOUS |
| Draftsman: | ANDRE CHARETTE |
| Date: | 04.03.2008 |
| Checked By: | ACH |
| Page: | 1/1 |
| Scale: | 1" = 1'-0" |

TOY1C4D7785

SBL15 CHANNEL LETTERS ELECTRICAL HOLES IN CENTER

| | | | |
|---------------------------|--|--|---------|
| Installation: | <input type="checkbox"/> Interior | <input checked="" type="checkbox"/> Exterior | |
| Electrical specifications | | | |
| Volts: | 120 | Amp: 0.85 | Circ: 1 |
| # | Descriptions | | |
| 1 | 0.040 ALUM. PRE-PAINTED GREY | | |
| 2 | 0.064 ALUM. PRE-PAINTED WHITE | | |
| 3 | FLAT 3/16" ACRYLIC #2447 WITH VINYL APPLICATION ON FIRST SURFACE | | |
| 4 | GREY PLASTIC TRIM SLV 1" - GEM-TRIM - | | |
| 5 | LED'S (TETRA MAX) | | |
| 6 | POWER SUPPLY JUNCTION BOX | | |
| 7 | LIQUID TIGHT CONNECTOR | | |
| 8 | LIQUID TIGHT CONDUIT | | |
| 9 | LOW VOLTAGE WIRING | | |
| 10 | ELECTRICAL REQUIREMENT STICKERS (UL) | | |
| 11 | TYPICAL WALL SCREWS | | |



| # | Colors: |
|---|---|
| A | PRE-PAINTED GRAY TO MATCH GF-838 |
| B | PRE-PAINTED WHITE |
| C | TYPE (B) SCREEN PRINTED GF-838 PERFORMED VINYL 3635-210 |

Customer Approval: _____ Date: ____/____/____

PRODUCTION INFORMATION: U.S.

| Descriptions | Plate # |
|----------------|---------------|
| PLASTIC | TOY1C4D7785-1 |
| ALUMINUM | TOY1C4D7785-2 |
| CHANNEL BENDER | TOY1C4D7785-2 |
| MULTICAM 2D | |
| XXXX | XX |
| XXXX | XX |
| XXXX | XX |
| XXXX | XX |
| XXXX | XX |

ISO 9001:2008 Certified Enterprise

ENSEIGNES
PATTISON
SIGN GROUP

Tel (506) 735-5506 Fax (877) 737-1734 Toll Free 1-800-561-8788

| | | | |
|-------------|------------|--------|--------------|
| Client: | TOYOTA | | |
| Site: | VARIOUS | | |
| Draftsman: | JOEY BOSSE | Date: | 02.13.2012 |
| Checked By: | ACH | | |
| Page: | 1/3 | Scale: | 3/4" = 1'-0" |



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , Check Number: 6054\$255.60

Tender Amount: 255.60

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 11/16/2012

Receipt Number: 50277

Receipt Details:

| | | | |
|---|--------|----------------|----------|
| Referance ID: | 8751 | Fee Type: | BP-Signs |
| Receipt Number: | 0 | Payment Date: | |
| Transaction Amount: | 255.60 | Charge Amount: | 255.60 |
| Job ID: Job ID: 2012-11-5407-SIGN - 4 signs | | | |
| Additional Comments: 191 Riverside | | | |

Thank You for your Payment!

Sign Design Inc.

Sign Contractors

P.O. Box 207
Westbrook, ME 04098
(207) 856-2600 * FAX: (207) 856-7600
1-800-949-9037
signdesi@maine.rr.com
A Full Service Sign Company

RE:

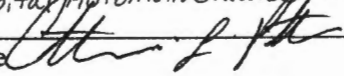
To Whom It May Concern:

As the owner (or owner representative) of the property located at:

191 Riverdale St.
Portland, Maine 04103

I authorize Sign Design Inc. to install signs/sign face replacements as detailed on attached paperwork.

By: CAR SUMMER RIVER L.L.C.
By: Capital Automotive Real Estate Services Inc.

Signature  Date 10/25/2012

CATHERINE L. POTTER
Print Name Vice President & Secretary
Title:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2012

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).

| | |
|---|--|
| PRODUCER Zurich, Account Service Center 7045 College Blvd. Overland Park, KS 66211 Fax: 888-734-6776 Ph: 877-225-5276 Opt 1 | CONTACT NAME: Zurich N.A. - Account Service Center |
| | PHONE (A/C No. EXT): 877-225-5276 FAX (A/C No): 888-734-6776 E-MAIL ADDRESS: service.center@zurichna.com |
| INSURED 002453601 MAINE MALL MOTORS MMH, LLC 255 MAINE MALL RD S PORTLAND, ME 04106 | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A: Universal Underwriters Insurance Company 41181 |
| | INSURER B: Universal Underwriters of Texas Ins. Co. 40843 |
| | INSURER C: |
| | INSURER D: INSURER E: |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

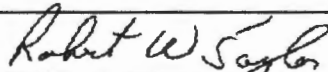
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 | ADD'L SUBR INSRD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|---------------------------------|---------------------------------|-------------------------|-------------------------|------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | <input type="checkbox"/> | <input type="checkbox"/> | 286132D | 06-01-2012 | 06-01-2013 | EACH OCCURENCE \$300,000 DAMAGE TO RENTED PREMISES (Ee occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> COMP/COLL DED \$ / | <input type="checkbox"/> | <input type="checkbox"/> | 286132D | 06-01-2012 | 06-01-2013 | COMBINED SINGLE LIMIT (Ee Accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | <input type="checkbox"/> | <input type="checkbox"/> | | | | EACH OCCURENCE \$ AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | 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 <input type="checkbox"/> | N/A <input type="checkbox"/> | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO | <input type="checkbox"/> | <input type="checkbox"/> | 286132D | 06-01-2012 | 06-01-2013 | OTHER THAN AUTO ONLY EACH ACC: \$ 300,000 |
| A | CUSTOMER AUTO-DIRECT PRIMARY | <input type="checkbox"/> | <input type="checkbox"/> | 286132D | 06-01-2012 | 06-01-2013 | \$ 18,837,630 Limit |

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

Reason for Certificate: General Liability.
 30 day notice of cancellation applies, except for cancellation due to non-payment of premium.
 See Additional Remarks Schedule Attached

CERTIFICATE HOLDER CANCELLATION

| | |
|---|--|
| CITY OF PORTLAND 389 CONGRESS ST. PORTLAND, ME 04101 Attn: Fax: | 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  |
|---|--|

AGENCY CUSTOMER ID: 002453601
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 3 of 3

| | | | |
|---|--------------------|--|--|
| AGENCY Zurich, Account Service Center | | NAMED INSURED MAINE MALL MOTORS MMH, LLC 255 MAINE MALL RD S PORTLAND, ME 04106 | |
| POLICY NUMBER 286132D | | EFFECTIVE DATE: 06-01-2012 | |
| CARRIER Universal Underwriters Insurance Company | NAIC CODE 41181 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

Certificate Holder is named as an Additional Insured.