

## CERTIFICATE OF LIABILITY INSURANCE Page 1 of 2

DATE (MM/DD/YYYY) 08/06/2013

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	Willis of Pennsylvania, Inc. c/o 26 Century Blvd. P. O. Box 305191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378				
	Nashville, TN 37230-5191	INSURER(S)AFFORDING COVERAGE	NAIC#			
		INSURERA: Federal Insurance Company	20281-005			
INSURED	CROWN CASTLE INTERNATIONAL CORP. See Attached Named Insured List 1220 Augusta Dr. Suite 500 Houston, TX 77057	INSURER B: New Hampshire Insurance Co. 23841-00				
		INSURER C:				
		INSURER D:				
		INSURER E:				
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 20212580 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	TYPE OF INSURANCE	ADD'L INSRD	SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
A A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Y Y	7021-02-28	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED \$ 1,000,000  MED EXP (Any one person) \$ 5,000  PERSONAL & ADV INJURY \$ 1,000,000  GENERAL AGGREGATE \$ 2,000,000  PRODUCTS - COMP/OP AGG \$ 2,000,000
A	X POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS	Y	¥	7021-02-29	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000  BODILY INJURY(Per person) \$  BODILY INJURY(Per accident) \$  PROPERTY DAMAGE (Per accident) \$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	Y	¥	61844671	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	7171-06-98	4/1/2013	4/1/2014	X   WC STATU-   OTH-

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Acord 101, Additional Remarks Schedule, If more space is required)
Re: Sprint Replacing Antennas and Cabling/Equipment Cabinets (Building Permit)

see attached:

OFFICIOATE HOLDED

CERTIFICATE HOLDER	CAROLLER HOW
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Town of Portland 389 Congress Street, Room 315 Portland, ME 04101	Authorized REPRESENTATIVE  Alanna S. Larrikey

CANCELL ATION

GENCY CUSTOMER	ID:	713115
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LOC#: \_\_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis of Pennsylvania, Inc.		NAMED INSURED CROWN CASTLE INTERNATIONAL See Attached Named Insured	
POLICY NUMBER		1220 Augusta Dr. Suite 500 Houston, TX 77057	
See First Page			
CARRIER	NAIC CODE		
See First Page		EFFECTIVE DATE: See First Page	
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A S	SCHEDULE TO ACORD FORM,		
TOKA TOKA TITEE.	CERTIFICATE OF LIABILITY	INSURANCE	

Certificate Holder is included as Additional Insureds under the General, Automobile and Umbrella policies as required by written agreement and only with respect to the liability arising out of the operations performed by or on behalf of the Named Insured.

General, Automobile, Umbrella Liability and Workers' Compensation include a Waiver of Subrogation in favor of the Certificate Holder when required by written contract but always subject to the policy terms, conditions, exclusions and as permitted by law.