

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 051671

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

NOV 22 2005

This is to certify that RODWAY JAMES A

has permission to 10 sf freestanding sign

AT 1832 FOREST AVE

City of Portland 327 B006001

CITY OF PORTLAND

provided that the person or persons whom or whomsoever accepting this permit shall comply with all of the provisions of the Statutes of this State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and information of work requires such information.

Notification of inspection must be given and when permission procedure before this building or part thereof is closed or services closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Fire Dept. OTHER REQUIRED APPROVALS

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Jeannie Burke 11/21/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED

Issue Date: **NOV 22 2005**

CBL: 327 B006001

Phone: _____

Location of Construction: 1832 FOREST AVE	Owner Name: RODWAY JAMES A	Owner Address: 89 AUBURN ST E 1154	Permit No: 05-1671
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B2

Past Use: Commercial	Proposed Use: Commercial 10sf freestanding sign	Permit Fee: \$50.00	Cost of Work: \$50.00	CEO District: 5
10 sf freestanding sign		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: M/B Type: Sign TBC-2003 Signature: JMB 11/21/05
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 11/15/2005	Zoning Approval
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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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 11/18/05 ABM	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 District 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: ABM
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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

Signage/Awning Permit Application

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.

Location/Address of Construction: <u>1832 Forest Ave Portland 04103</u>		
Total Square Footage of Proposed Structure <u>10000</u>	Square Footage of Lot <u>13,125</u>	
Tax Assessor's Chart, Block & Lot <u>B</u>	Owner:	Telephone: <u>712-68</u>
Lessee/Buyer's Name (If Applicable) <u>Jane McGrady / Kristina Sobel</u>	Applicant name, address & telephone: <u>Jane McGrady / Kristina Sobel</u> <u>8 Dow Ln</u> <u>Windham, ME 04062</u>	Total s.f. of signage x \$2.00 per s.f. plus \$30.00/\$65.00 for H.D. signage = Total Fee: \$ <u>50.00</u> Awning Fee = Cost Of Work: \$ _____ Total Fee: \$ _____
Current use: <u>commercial / retail retail</u>		
If the location is currently vacant, what was prior use: <u>residential</u>		
Approximately how long has it been vacant: <u>unknown</u>		
Proposed use: <u>Commercial / Retail bookstore w/ services (massage, yoga)</u>		
Project description: _____		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME NOV 8 2005 RECEIVED </div>		
Contractor's name, address & telephone: _____		
Whom should we contact when the permit is ready: <u>Jane McGrady 892-5684</u>		
Mailing address: <u>8 Dow Ln Windham ME 04062</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A STOP WORK ORDER will be Issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT. WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Jane McGrady Date: 11-8-05

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

✓ # 110

SIGNAGE/AWNING PRE-APPLICATION QUESTIONNAIRE

PLEASE COMPLETE ALL INFORMATION

ADDRESS: 1832 Forest Ave Portland 04103 ZONE: B2

CBL: 327 B 006

SMGLETENANTLOT? YES NO MULTI TENANT LOT? YES NO

MORE THAN ONE SIGN TOTAL WITH PROPOSED SIGN? YES NO

TENANT/ALLOCATED BUILDING SPACE FRONTAGE (FEET):

Length: 30' Height: _____

INFORMATION ON PROPOSED SIGN(S):

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS PROPOSED: 21' x 36" sign attached to post less 10' from sf

BLDG. WALL SIGN? (attached to bldg) YES NO DIMENSIONS PROPOSED: _____

INFORMATION ON ALREADY EXISTING AND PERMITTED SIGN(S): n/a

FREESTANDING (e.g., pole) SIGN? YES NO DIMENSIONS: _____

BLDG. WALL SIGN(attached to bldg)? YES NO DIMENSIONS: _____

AWNING? YES NO DIMENSIONS: _____

LOT FRONTAGE (FEET): _____

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 WITH COMMUNICATIONS/MESSAGE/TRADEMARK/SYMBOL? _____ s.f.

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 ARE ALSO REQUIRED.

SIGNATURE OF APPLICANT: Jane McShady DATE: 11-8-05

***** FOR OFFICE USE ONLY *****

Freestanding max area 65 sf height 18' setback 5' 1 sign.

Touchstone sign - 21" x 36" = $\frac{756}{144}$ 5.25 sf

= 2 subordinated signs 8' x 21' 168 x 2 = $\frac{336}{144}$ 2.33 sf

7.58 sf

CHECKLIST FOR SIGN/AWNING APPLICATION

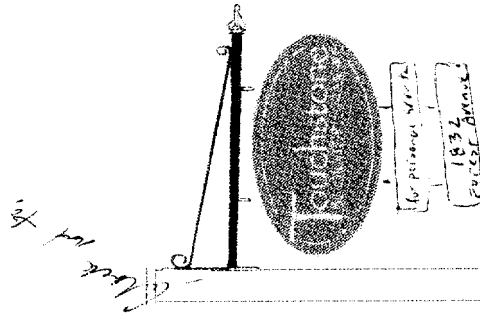
Applicants for a sign or awning permit are required to submit the following information to the Code Enforcement Office at the time of application:

- A Certificate of Liability listing the City as 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. Amount must equal \$400,000.00.
- B Letter of permission from the owner indicating the permissions granted and the tenant/space building frontage.
- C A sketch plan of lot, indicating location of buildings, driveways, and any abutting streets or rights of way, lengths of building frontages, street frontages, and all existing setbacks. **Indicate on the plan all existing and proposed signs with their dimensions and specific locations. Be sure to include distance from the ground and building facade dimensions for any signage attached to building.**
- D A sketch or photo of any proposed sign(s) indicating *content, dimensions, materials, source of illumination, and construction method, as well as specifics of installation/attachment.*
- n/a Certificate of Flammability required for awning or canopy at time of application.
- n/a UL# required for lighted signs at the time of Final Inspection. Failure to provide this information will invalidate the Sign Permit.
- Pre-Application Questionnaire completed and attached. Photos of existing signage attached.

**Permit Fee for signage or awning-with-signage:
\$30.00 plus \$2.00 per square foot of sign.**

**Permit Fee for awning-without-signage is based on cost of work:
\$30.00 for the first \$1,000.00, plus \$9.00 for each additional \$1,000.00.**


Base Application Fee for any Historic District signage is \$65.00 instead of \$30.00



Approved BY: _____

Date: _____

PLEASE REVIEW THIS PROOF CAREFULLY!
AND SEND COPY BACK TO THE SIGNERY THANK YOU

 <p>YOUR FEEDBACK IS IMPORTANT TO US! PLEASE CALL US AT 877-875-8752 OR VISIT US AT WWW.SIGNERY.COM</p>	<p>JOB INFO</p> <p>DESIGNER MS</p>	<p>1832 (703) 521-1832 1832 (703) 521-1832 1832 (703) 521-1832 1832 (703) 521-1832 1832 (703) 521-1832</p>	<p>INSTALL</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> V</p> <p><input type="checkbox"/> B</p>
--	--	--	--

BY SIGNING OFF ON THIS PROOF YOU ARE GIVING THE SIGNERY THE GO TO PRODUCE THIS WORK TO THE SPECIFICATIONS LISTED

Until approved job and deposit is made. This proof is property of The Signery

Attached is a mock up of what we talked about. Please don't hesitate to call with **any** questions or concerns. Pricing **is as follows**:

(x1) 3/4" MDO - DOUBLE SIDED
21" x 36" - Routed to Shape - Color TBD
Cove Edges - Color TBD
'Bookstore and More' - HP Vinyl - Color TBD
-- \$225.00

'Touchstone' - Routed 3/8" PVC - Color TBD
-- \$110.00

(x1) 42" Style B Bracket - Black
-- \$119.75

(x2) Sign Clips
-- \$29.50 (\$14.75 per)

(x1) 10' 5" x 5" Cedar Post with Cap - Painted white
-- \$160.00

\$644.25 Total

Installation @ \$75 an hour. Estimated time of install - \$2-3 hours
[hole in ground filled with cement]

Thanks,
Mike Stivaletti
Designer
--

The Signery
p: 207-879-7700 - f: 207-879-1570
w: www.sianermaine.com

*Subordinate
Signs
8" x 21"*

D

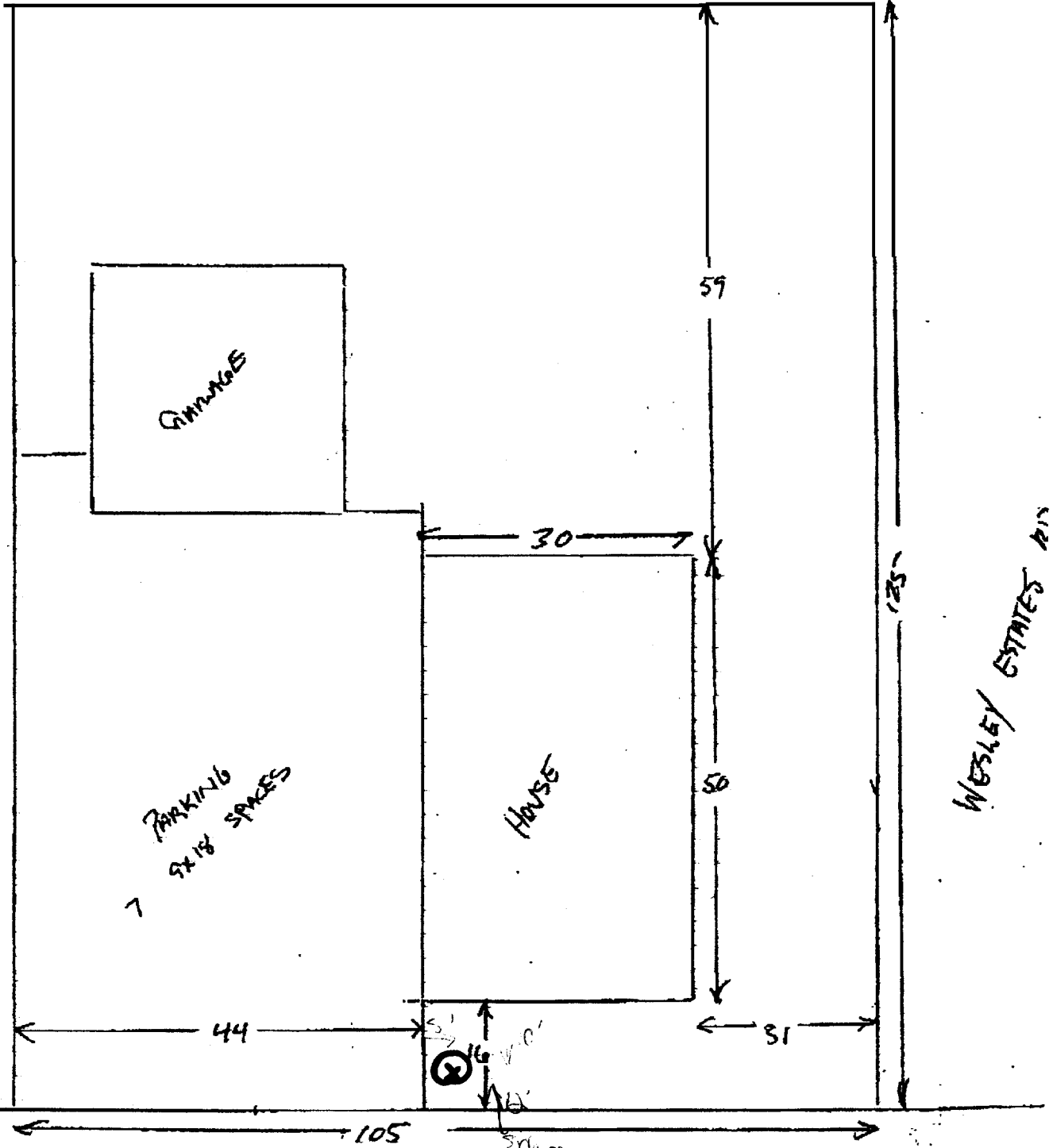
FROM :

FAX NO. : 8788226

Oct. 06 2005 03:14PM P2

1832 FOREST AVE

- Ⓚ 12' from side walk
- 10' from house
- 5' from parking lot



WESLEY ESTATES INC

Forest Ave

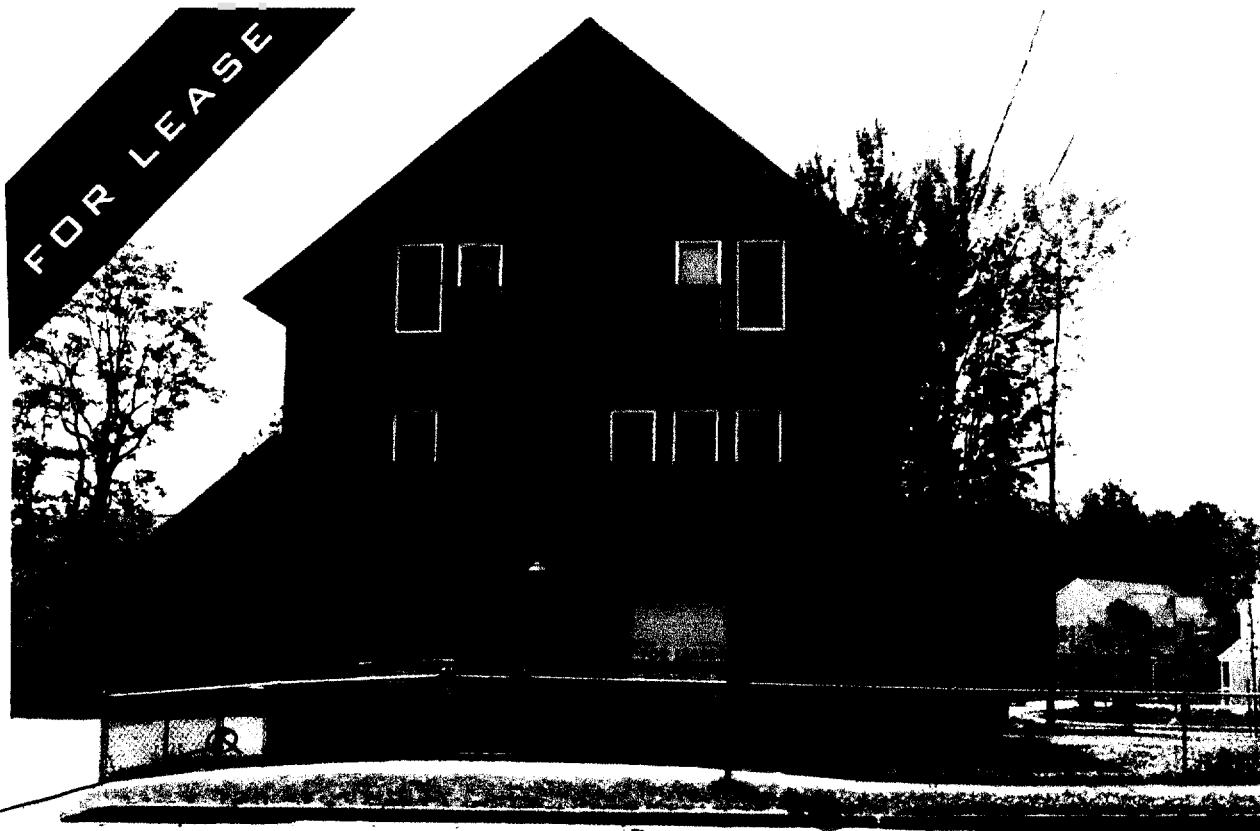
Ⓚ Proposed sign location

C

Malone Commercial Brokers, Inc.
5 Moulton Street
Portland, Maine 04101

Tel (207) 772-2422
Fax (207) 774-5114
www.malonecb.com

1832 FOREST AVE



*Proposed
Sign
Location*

1,500± SF of office and light industrial space is available at 1832 Forest Avenue in Portland. About 1/2 of the space is currently for office use but the landlord is willing to completely finish off the entire space if needed for a tenant. There is a paved driveway on the side of the property with on site parking. This property is conveniently located at the intersection of Riverside Street.

BROKER:



David Caron
david@malonecb.com
(207) 772-2422



SERVING CLIENTS IN NORTHERN NEW ENGLAND SINCE 1970



Individual
Members

C

11-8-05

J. JAMES RODWAY GIVE JANE WOODRUFF &
CHRISTINA SOBEL PERMISSION TO APPLY FOR
AND INSTALL A SIGN FOR TOUCHSTONE BOOKS
AT 1832 FOREST AVE. IN PORTLAND.

James A. Rodway

Jane Woodruff

B

ACORD INSURANCE BINDER

DATE
NOV 4 05

THIS BINDER IS A **INSURANCE CON** THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER (A/C. No. Ext): 207-856-5500
 (A/C. No.): 207-856-0004
ANDERSON WATKINS ASSOCIATES, INC
 31 CENTRAL STREET
 WESTBROOK ME 04092

COMPANY **PEERLESS INSURANCE CO** BINDER # **1589**
 DATE EFFECTIVE TIME DATE EXPIRATION TIME
NOV 15 05 AM **DEC 15 05** X 12:01 AM
 PM NOON

CODE: SUB CODE:
 AGENCY CUSTOMER ID: 8300
 INSURED
TOUCHSTONE BOOK STORE & MORE L L C
 C/O JANE MCGRADY
 8 DOW RD
 WINDHAM ME 04062

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:
 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
1832 FOREST AVE Portland ME 04103

COVERAGES **LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC. <input checked="" type="checkbox"/>	BUSINESS PERS PROPERTY BII	500		12,000 ALS

GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR. <input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY HIRED & NONOWNED AUTO LIAB INCLUDED RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	1,000,000
		DAMAGE TO RENTED PREMISES	\$	50,000
		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

AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT	\$	
		BODILY INJURY (Per person)	\$	
		BODILY INJURY (Per accident)	\$	
		PROPERTY DAMAGE	\$	
		MEDICAL PAYMENTS	\$	
		PERSONAL INJURY PROT	\$	
		UNINSURED MOTORIST	\$	

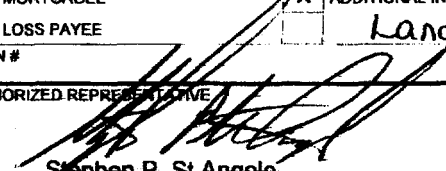
AUTO PHYSICAL DAMAGE COLLISION: OTHER THAN COLL:	DEDUCTIBLE ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE		
		STATED AMOUNT	\$	
		OTHER		

GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT	\$	
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT	\$	
		AGGREGATE	\$	

EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE	\$	
		AGGREGATE	\$	
		SELF-INSURED RETENTION	\$	
		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT	\$	
		E.L. DISEASE - EA EMPLOYEE	\$	
		E.L. DISEASE - POLICY LIMIT	\$	

SPECIAL CONDITIONS/ OTHER COVERAGES	TEMPORARY PROOF OF INSURANCE UNTIL POLICY ISSUANCE	FEES	\$	
		TAXES	\$	
		ESTIMATED TOTAL PREMIUM	\$	

JAMES RODWAY
 P O BOX 9739
 Portland ME 04101

MORTGAGEE ADDITIONAL INSURED
 LOSS PAYEE **Landlord**
 LOAN #
 AUTHORIZED REPRESENTATIVE

 Stephen P. St Angelo

PRR31697

A

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2005

PRODUCER Phone: 207-856-5500 Fax: 207-856-0004
ANDERSON WATKINS ASSOCIATES, INC
 31 CENTRAL STREET
 WESTBROOK ME 04092

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
TOUCHSTONE BOOK STORE & MORE L L C
 C/O JANE MCGRADY
 8 DOW RD
 WINDHAM ME 04062

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	PEERLESS INSURANCE CO	24198
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	3001638311	11/15/05	11/15/06	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						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
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
		OTHER:					

OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED IN REGARDS TO SIGN

CERTIFICATE HOLDER

CITY OF PORTLAND
 389 CONGRESS ST
 Portland ME 04101

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

A

built in add'l insurance

We are able to offer the following Businessowners Policy for \$350 annual premium:

- \$12,000 Contents- Replacement Cost - *new to depreciate*
- \$ 5,000 Glass Coverage
- \$ 5,000 Money & Securities
- \$ 500 Deductible - *property (per claim)*
- \$1,000,000 Liability per Claim- includes Landlord & City of Portland as additional insureds
- \$1,000,000 Products/Completed Operations Liability
- \$2,000,000 Liability Aggregate per year
- \$1,000,000 Hired/Nonowned Auto - *if personal vehicle protects store and to primary.*
- \$1,000,000 Personal & Advertising Injury
- \$ 50,000 Fire Legal
- \$ 5,000 Medpay

lia - no det

Actual Loss Sustained- Loss of Income up to 12 months maximum

There are many other coverages automatically included too!

To start the policy, the company requires a signed application and 25% deposit, \$88, made payable to "Peerless Insurance". Future installments are due each three months and have a \$5 fee apiece. The other option is paid in full at inception.

Terrorism coverage may be added for \$4 additional premium. A signed waiver is needed to avoid the premium charge.

Workers Compensation is not required for members of an LLC. However, members may choose to cover themselves. Please let us know if you wish to look into this. If you hire an employee in the future, you may be required to start Workers Compensation coverage. The exceptions to the requirement are parents, spouse or children of members of the LLC. All others must be protected by a policy according to State law.

Thanks again and please feel free to call if you have any questions or wish to start the protection.

Steve St. Angelo

Anderson-Watkins Insurance
31 Central street
Westbrook, ME 04092

(207)856-5500
(207)856-0004 Fax

explain all the other @ covered.

what can I eliminate (med pay)

Contents

Sign app

(5 NW off debt.