

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		CONTACT NAME:	_
	Willis of Pennsylvania, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-46	7-2378
		E-MAIL ADDRESS: certificates@willis.com	
		INSURER(S)AFFORDING COVERAGE	NAIC#
	<u></u>	INSURERA: Federal Insurance Company	20281-005
INSURED	CROWN CASTLE INTERNATIONAL CORP.	INSURERB: New Hampshire Insurance Co.	23841-000
	See Attached Named Insured List	INSURER C:	
	1220 Augusta Dr. Suite 500 Houston, TX 77057	INSURER D:	
	and the state of t	INSURER E:	
	I	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, FXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE		SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Y	7021-02-28	(MM/DD/YYYY) 4/1/2013	(MM/DD/YYYY) 4/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurence) \$ 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 PROJECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS	Y	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	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 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	WC STATU- TORYLIMITS OTH- ELL EACH ACCIDENT \$ 1,000,000 ELL DISEASE - EA EMPLOYEE \$ 1,000,000 ELL DISEASE - POLICY LIMIT \$ 1,000,000
		i					·

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:

CERTIFICATE HOLDER	CANCELLATION
· · · · · · · · · · · · · · · · · · ·	
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCEL
	THE EXPIRATION DATE THEREOF. NOTICE WILL BE DE

LED BEFORE LIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Town of Portland 389 Congress Street, Room 315 Portland, ME 04101

AGENCY CUSTOMER ID: 713115	
LOC#:	



THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

ADDITIONAL REMARKS SCHEDULE

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

FORM NUMBER: 25 FORM TITLE: 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.