

**APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY**

Nonrefundable Application Fee \$275.00 2015 DEC -8 A 8:51 FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Date \_\_\_\_\_ Amount Paid \_\_\_\_\_  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

- New Sign, Awning or Advertising Device
- New Facing on an Existing Frame
- Renewing Existing Sign, Awning or Advertising Device License for a New Owner

Business (DBA) Name: Rite Aid Pharmacy Phone: 717-730-8251

Location of Sign/Awning/Device (with Zip Code): 393 Highland Avenue Somerville, MA 02143-2506

Applicant's Federal Employer Identification Number: 04-2960944

Applicant's Legal Name: Jennifer Reisinger

Mailing Name (where we should send correspondence to): SignArt Inc ATTN: Mark Poll

Mailing Address (with Zip Code): 5757 Cork Street Kalamazoo, MI 49048

Emergency Contact: Mark Poll Phone: 269-216-5825

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_

**Trust:** Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

**Corporation:** Name of Corporation: RITE AID  
Name of President: KEN MARTINDALE  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

**LLC:** Name of LLC: \_\_\_\_\_  
Names of All Managers Who Own More Than 10%: \_\_\_\_\_

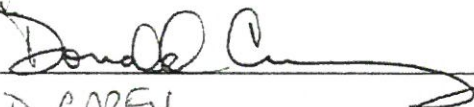
**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Name of company erecting sign: New England Signs and Awning  
Phone: 603-883-1050

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_  
Wall sign is to be mounted centered above entry way. Projecting sign is to be installed at corner  
of building. Please see attached designs.

**ACKNOWLEDGEMENT**

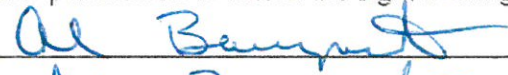
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant:  Date: 11/24/15  
Print Name: DONALD CAREY Phone: (717) 761-2633

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

This sign or awning is located in a historic district:  True  False

Based on a review of the attached plans, I reasonably expect that this sign, awning, or advertising device will conform to all ordinances and the State Building Code. (NOTE: This statement does NOT constitute permission to install the sign, awning, or advertising device.)

Signature:  Date: 12-8-15  
Print Name: Al Bargeot Title: Building Inspector

**HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

(only required for signs or awnings in a historic district)

The Historic Preservation Commission recommends  Approval  Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



November 25, 2015

SignArt Inc.  
5757 E. Cork Street  
Kalamazoo, MI 49048

269.381.3012  
800.422.3030  
FAX 269.381.0999

[www.signartinc.com](http://www.signartinc.com)



City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

**Re: Sign Permit Application  
Rite Aid Pharmacy #10162  
393 Highland Ave.  
Somerville, MA**

Dear John Long:

Enclosed please find our sign permit application fee for \$275. Please let me know if anything else will be needed. After the approval has been made please either email me a copy at [mpoll@signartinc.com](mailto:mpoll@signartinc.com) or please mail it to the address listed above.

Best regards,

Mark Poll  
SignArt, Inc.  
269.381.3012



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**Store #10162**  
**393 Highland Avenue**  
**Somerville, MA 02143**



Sign #2

Sign #1



Site Plan Scale: NTS

Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143

This is an original unpublished drawing, submitted for your use in connection with a project being planned for you by SignArt. It is not to be reproduced, copied or exhibited in any fashion without written permission of SignArt.

BJ 10-8-15

10-20-15ks

Approved for:

By:

Date:

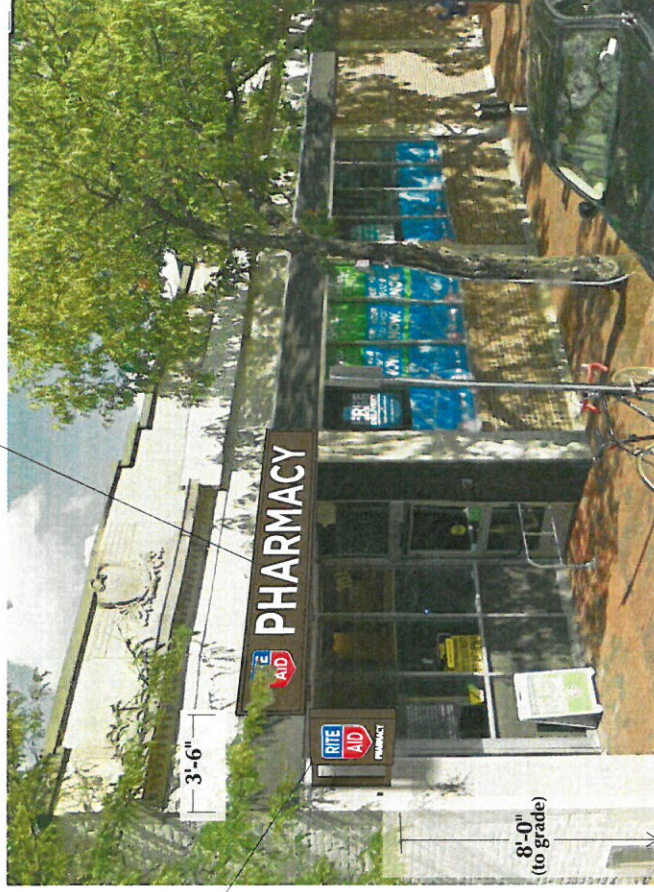
Lead #MP-5028639

©2015 MA,ra10162



Existing Elevation

Scale: None



Proposed Elevation

Scale: None

Sign #1 to be installed 3'-6" from corner of building with bottom inline with bottom canopy.

Sign #2 to be centered on corner column with bottom 8'-0" + above grade.

Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143

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BJ 10-8-15

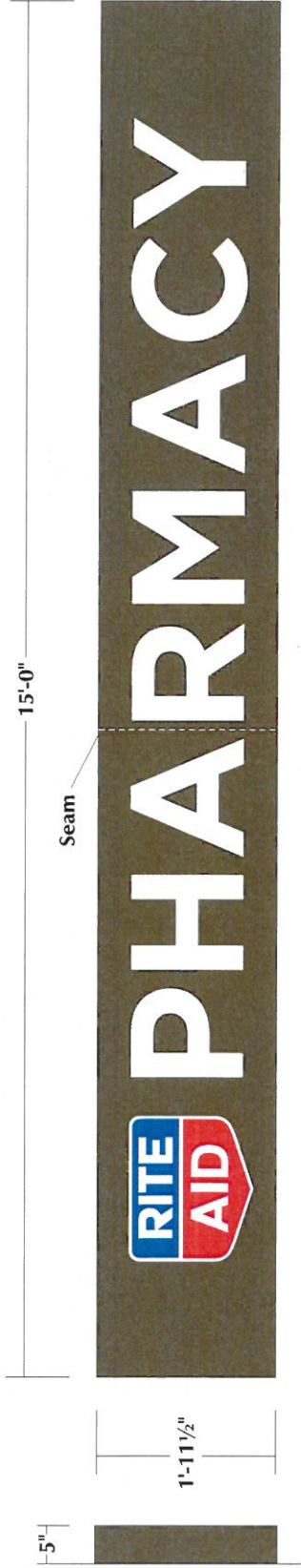
Approved for:

By:

Date:

©2015

MA,ra10162



**Sign #1 — Illuminated Attribute Sign Cabinet**

**Scale: 1/2" = 1'-0"**

5" deep .100 aluminum sign cabinet painted GripGard Plus semi-gloss to match SW #6076 Turkish Coffee. Face is precision routed and backed with flat white polycarbonate. Shield to be overlaid with #2870 blue and #2283 red pressure sensitive vinyl with 'RITE' and 'AID' weeded out to appear white.

2'-0" x 15'-0" = 30.00 Sq.Ft.

Sign to bear this mark.



This sign is 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.

**Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143**

Lead #MP-5028639

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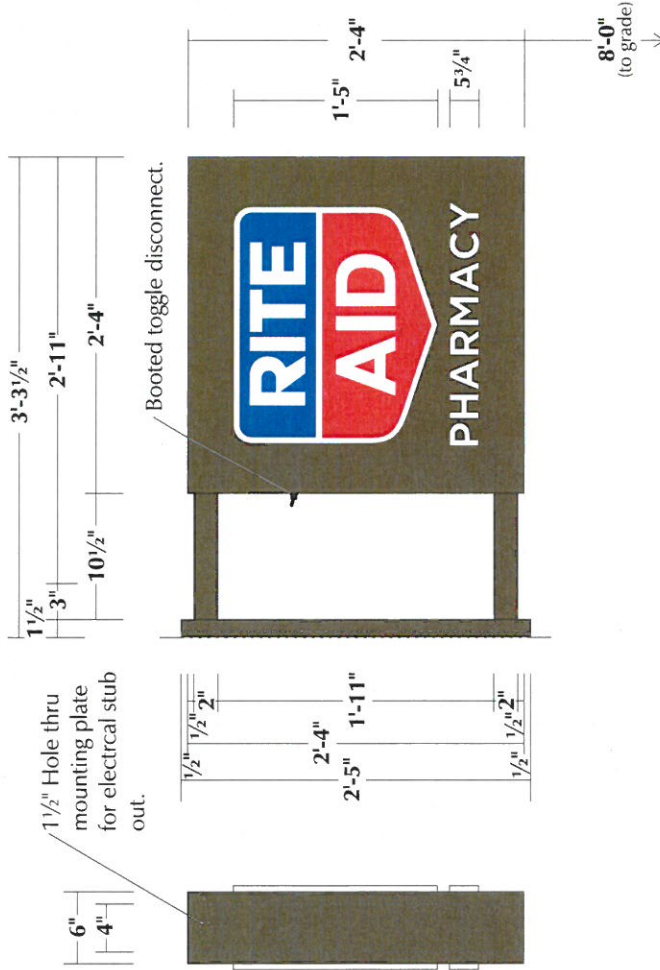
**BJ 10-8-15 10-20-15ks Approved for:**

©2015

MA,ra10162

By: \_\_\_\_\_

Date: \_\_\_\_\_



2'-4" x 2'-4" = 5.44 Sq.Ft.

**Sign #2 — Non-Standard Double Face Illuminated Projecting Sign**

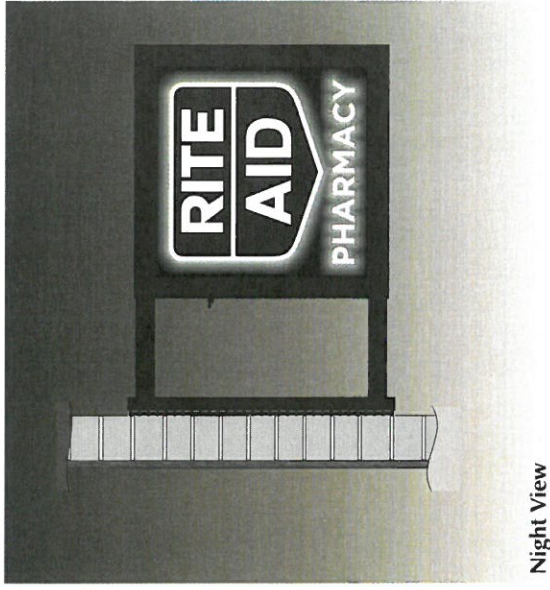
Custom fabricated .100 aluminum sign with flush mounted access door painted GripGard Plus semi-gloss to match SW #6076 Turkish Coffee. .100 Aluminum sign face painted GripGard Plus semi-gloss to match SW #6076 Turkish Coffee with precision routed "halo lit" logo and copy backed with 3/4" thick white push-through Acrylic. Shield logo to have opaque #2238 red and #2870 blue pressure sensitive vinyl applied to first surface with 'RITE' & 'AID' weeded out to appear white. Sign to be illuminated using a white LED system powered by low voltage power supplies. Mounting system consists of 1/2" thick aluminum mounting plate with a 1 1/2" deep .050 aluminum cover, 2" x 2" x .250 horizontal aluminum support arms. Sign to be mounted using 1/2" lag.

Scale: 3/4" = 1'-0"

Sign to bear this mark.

**UL LISTED ELECTRIC SIGN**

This sign is 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.



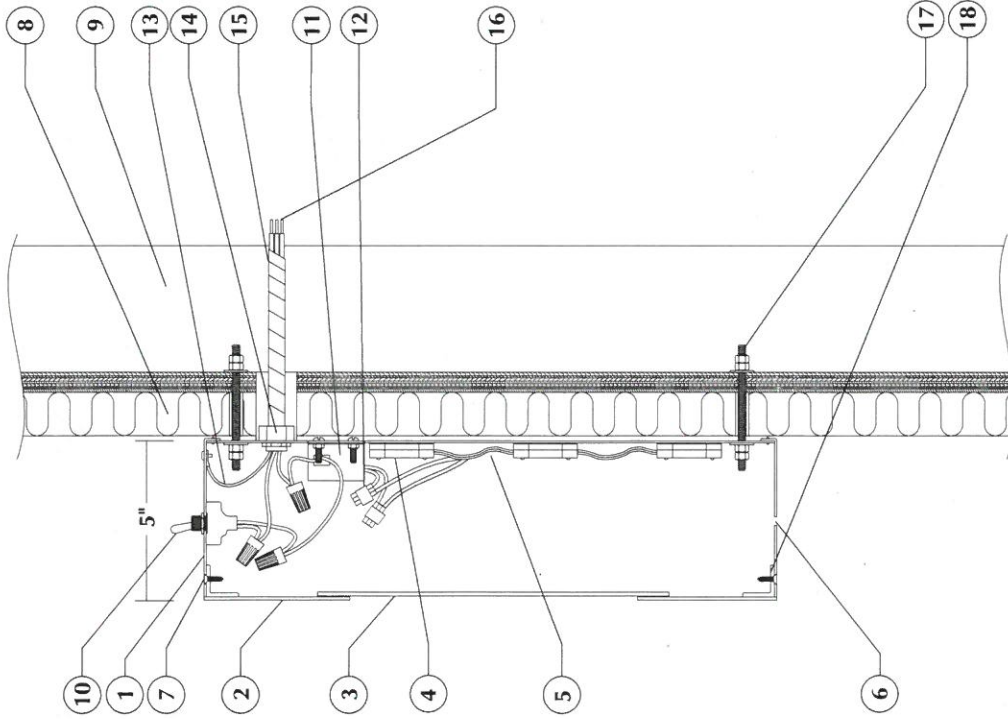
Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143

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BJ 10-8-15 10-20-15ks Approved for: \_\_\_\_\_ By: \_\_\_\_\_ ©2015 MA,ra10162 Date: \_\_\_\_\_

Lead #MP-5028639





- 1 Aluminum sides painted GripCard semi-gloss to match SW 6076 Turkish Coffee.
- 2 .100 Aluminum face precision routed and painted GripCard semi-gloss to match SW 6076 Turkish Coffee.
- 3 Clear "push-thru" VHB'd acrylic with translucent white pressure sensitive vinyl applied to first surface and 3M #3630-70 diffuser vinyl applied to second surface.
- 4 G.E. Tetra MAX LED system.
- 5 Low voltage wiring from power supply.
- 6 1/4" Weep holes at low points of letters with internal light baffle.
- 7 #6 x 1/2" S.S. sheet metal screw.
- 8 Building facade; exact construction to be verified.
- 9 Vertical stud by others.
- 10 20 Amp toggle disconnect (actual location to be on end of raceway, shown on top for drawing purposes only).
- 11 Low voltage (12 volts) G.E. #GEPS12-60 LED power supplies (120 volt circuit required).
- 12 Secondary wiring low voltage connection to LEDs with #054007-06128 Scotchlok connectors.
- 13 Ground wire permanently fixed to power supply box.
- 14 1/2" Sealite connector.
- 15 1/2" Sealite conduit.  
White — Neutral  
Black — Feed  
Green — Ground
- 16 #12 THHN electrical primary wiring.
- 17 Attribute sign mounted to facade with 3/8" stainless steel threaded rod, washers and nuts as needed. Exact fastener to vary with different facade/building construction.
- 18 1" x 1" x .125 angle.

Note: Electric to exit top right. All penetrations to be sealed with 3M #1000 NS Fire Barrier, water tight, non-slump silicone sealant to meet NEC #300.21, ASTM #E814, UL #1479 & UL #2079 standards.  
Building dimensions and construction of facade to be verified by sign installer prior to installation of signs.

**Illuminated Attribute Sign Detail**

**Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143**

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BJ 10-8-15

10-20-15ks

Approved for:

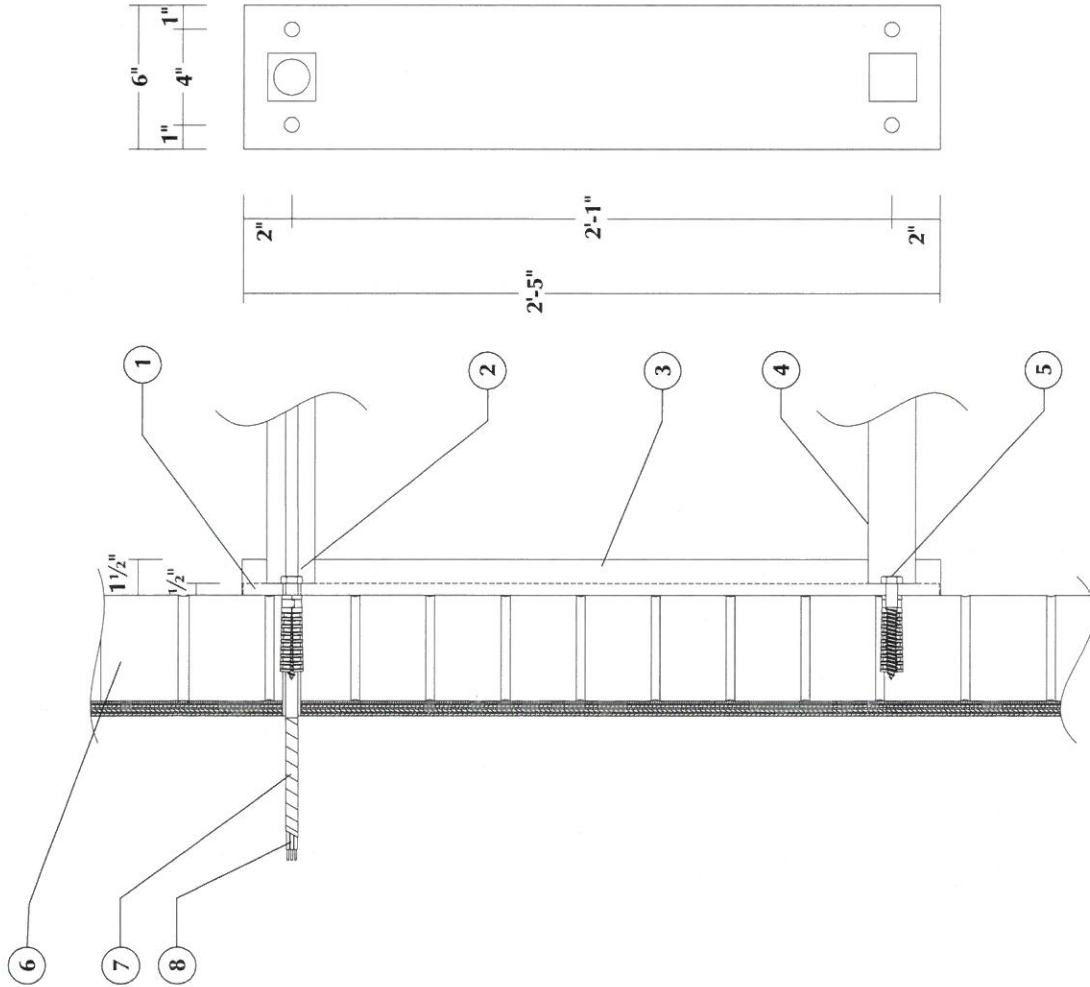
By:

Date:

Scale: 2" = 1'-0"

Lead #MP-5028639

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- 1 1/2" Aluminum mounting plate.
- 2 3/4" Hole thru mounting plate for electrical sub out.
- 3 .050 Aluminum cladding.
- 4 2 x 2 x .250 support tube (2 places).
- 5 5/8" Holes (4 places) for 1/2" lag screws in lead sheilds. Exact fastener to be verified.
- 6 Building facade; exact construction to be verified.
- 7 1/2" Sealite conduit.
- 8 #12 THHN electrical primary wiring.  
White — Neutral  
Black — Feed  
Green — Ground

Note: All penetrations to be sealed with 3M #1000 NS Fire Barrier, water tight, non-slump silicone sealant to meet NEC #300.21, ASTM #E814, UL #1479 & UL #2079 standards. Building dimensions and construction of facade to be verified by sign installer prior to installation of signs.

Sign #2 — Mounting Detail

Rite Aid #10162 — 393 Highland Ave., Somerville, MA 02143

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BJ 10-8-15 10-20-15ks Approved for:

By:

Date:

Scale: 1 1/2" = 1'-0"

Lead #MP-5028639

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MA,ra10162



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/25/2015

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).

<b>PRODUCER</b> MARSH USA, INC. 501 MERRITT 7 NORWALK, CT 06856 Attn: Nonwalk.certrequest@marsh.com / Fax: 212-948-0929	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
416752-DRUG-GL-15-16                      10162                      GL	<b>INSURER A :</b> ACE American Insurance Company	<b>NAIC #</b> 22667	
<b>INSURED</b> RITE AID AND AFFILIATES P O BOX 3165 HARRISBURG, PA 17105	<b>INSURER B :</b> N/A		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-008363560-01                      **REVISION NUMBER:** 1

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DRUGGIST LIABILITY INCLUDED <input checked="" type="checkbox"/> LIQUOR LIABILITY INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			XSL G27390900  SIR - \$3,000,000	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 4,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2000000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 4,000,000
							GENERAL AGGREGATE	\$ 15,000,000
							PRODUCTS - COMP/OP AGG	\$ 15,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

RE: STORE #10162  
LOC: 393 HIGHLAND AVENUE, SOMERVILLE, MA 02143-2506

CITY OF SOMERVILLE IS INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT. COVERAGE AFFORDED BY THE PROVISIONS OF THIS CERTIFICATE ARE NO MORE THAN REQUIRED BY LEASE OR CONTRACT.

<b>CERTIFICATE HOLDER</b>  SOMERVILLE CITY HALL 93 HIGHLAND AVENUE SOMERVILLE, MA 02143	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Nancy Kalbfell <i>Nancy Kalbfell</i>
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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: RITE AID CORPORATION

Address of taxpayer/applicant's business in Somerville: 393 HIGHLAND AVE (391)

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (717) 761-2033 evening: \_\_\_\_\_

I, (print name) DONALD CAREY, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 24<sup>th</sup> day of NOVEMBER, 2015. Donald Carey  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

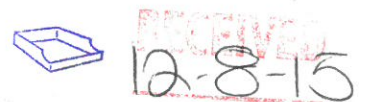
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other:   
# 7485      # 316035001      # 595      # ✓

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Rite Aid Corporation  
Address: P O Box 3165  
City: Harrisburg State: PA Zip: 17105 Phone #: 717-730-8251

- I am an employer with \_\_\_\_\_ employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arthur J. Gallagher Risk Management Service, Inc.  
Address: 250 Park Avenue 3rd floor  
City: New York State: NY Zip: 10177 Phone #: 212-994-7100

Policy #: TRKUB-121D0449-15 (RETRO) Expiration Date: 1/1/2016

TC2JUB-120D2216-15 (AOS)  
Applicant certification: TWXJUB-120D6227-15 (XS)

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Donald Carey Date: 11/24/15  
Print Name: DONALD CAREY

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/8/2015

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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 250 Park Avenue 3rd Floor New York NY 10177	<b>CONTACT NAME:</b> Guadalupe Vera	
	<b>PHONE (A/C, No., Ext):</b> 212-994-7100	<b>FAX (A/C, No.):</b> 212-994-7047
<b>E-MAIL ADDRESS:</b> Guadalupe_vera@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Travelers Property Casualty Co of A		25674
<b>INSURER B:</b> Travelers Indemnity Company		25658
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 1837770111                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			TC2JCAP-120D8153-15	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TRKUB-121D0449-15 (RETRO) TC2JUB-120D2216-15 (AOS)	1/1/2015 1/1/2015	1/1/2016 1/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
A	Excess Workers Comp.			TWXJUB-120D6227-15 (XS)	1/1/2015	1/1/2016	Limit: 2,000,000

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

Re: Evidence of Insurance

### CERTIFICATE HOLDER

### CANCELLATION

Evidence of Insurance

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