





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER		
	PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446-4664	
	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
INSURED THIRD STAGE INC, VALLEY WIDE SIGNS AND GRAPHICS 1745 W ALLEN ST ALLENTOWN, PA 18104-5057	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY		13935
	INSURER B: FEDERATED RESERVE INSURANCE COMPANY		16024
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 410

REVISION NUMBER: 4

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	N	N	9229580	05/20/2025	05/20/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS & COM/OP ACC	\$2,000,000
	OTHER:							
B	AUTOMOBILE LIABILITY	N	N	9229580	05/20/2025	05/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per Accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per Accident)	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	9229581	05/20/2025	05/20/2026	EACH OCCURRENCE	\$7,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$7,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	N	9229582	05/20/2025	05/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE EA EMPLOYEE	\$1,000,000
							E.L DISEASE - POLICY LIMIT	\$1,000,000

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

## CERTIFICATE HOLDER

CITY OF BETHLEHEM  
10 E CHURCH ST  
BETHLEHEM, PA 18018-6005

410 4

## CANCELLATION

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



City of Bethlehem, Pennsylvania

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

Building address 450 MAIN STREET  
 Owner of building Marie Fry Renaissance Realty Phone 610-428-2974  
 Owner's email & mailing address m.fry103059@aol.com 1924 Wilings Lane, Allentown, PA 18105  
 Applicant VALLEY WIDE SIGNS Phone: 610-841-4844  
 Applicant's email & mailing address 1745 W. ALLEN ST ALLENTOWN, PA 18104  
BRIAN@VALLEYWIDESIGNS.COM

**APPLICANT MUST ATTEND MEETING FOR CASE TO BE HEARD.**  
**USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS COMPLETE**

Application form, photographs, and drawings must be submitted (see attached for deadline) prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.

1. PHOTOGRAPHS - Photographs of your building and neighboring buildings **must accompany** your application.

2. TYPE OF WORK PROPOSED - Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project.

- |  |   |
|--|---|
| <input type="checkbox"/> Trim and decorative woodwork            | <input type="checkbox"/> Skylights        |
| <input type="checkbox"/> Siding and Masonry                      | <input type="checkbox"/> Metal work       |
| <input type="checkbox"/> Roofing, gutter and downspout           | <input type="checkbox"/> Light fixtures   |
| <input type="checkbox"/> Windows, doors, and associated hardware | <input checked="" type="checkbox"/> Signs |
| <input type="checkbox"/> Storm windows and storm doors           | <input type="checkbox"/> Demolition       |
| <input type="checkbox"/> Shutters and associated hardware        | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Paint (Submit color chips - HARB only)  |   |

3. DRAWINGS OF PROPOSED WORK - Required drawings **must accompany** your application. Please submit **ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS**

- ☐ Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
- ☐ New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- ☐ New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- ☐ Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)
- ☒ A scale drawing, with an elevation view, is required for all sign submittals

4. DESCRIBE PROJECT - Describe any work checked in #2 and #3 above. Attach additional sheets as needed.

INSTALL A DOUBLE SIDED 40"W X 31 1/2" H 3/4"  
IN DO SIGN ON TO CURRENT SCROLL BRACKET

5. APPLICANT'S SIGNATURE Burt L. Lidebach

DATE:

OWNER'S SIGNATURE Marie Fry

DATE: 9/5/25



# ValleyWide

## SIGNS & GRAPHICS

1745 W. Allen Street • Allentown, PA 18104  
Phone: 610-841-4844 • Fax: 610-841-4846  
email • sales@valleywidesigns.com



31.5"

40"



11 feet  
to  
Grade

3/4" Thick MDO Sign Panel  
Background: Off-White  
Text / Border: Black  
Sides: 2  
QTY: 1



Hang Sign with Eye Bolts and Link Clips  
Onto Existing Scroll Bracket

Address:  
450 Main Street  
Bethlehem, PA 18018

COMPUTER: GRS  
APPROVED BY: \_\_\_\_\_

JOB NUMBER: Lovely by Brianna 08-26-25 Installation Diagram

FILE SAVED IN: 08-25

Please sign and return

DATE APPROVED: \_\_\_\_\_

This design & engineering presented on this drawing is to remain the exclusive property of Valley Wide Signs & Graphics. This design is submitted for your exclusive review under the agreement that the content herein will not be reproduced, copied lent or shown to any contractor or put to any other use without the express written consent from Valley Wide Signs & Graphics.







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*Nicholas R. Zaver*