

Proposal No. 2017M-053EN-001



**CERTIFICATE OF LIABILITY INSURANCE**

BOCAR-1 OP ID: JK

DATE (MM/DD/YYYY)  
09/29/2017

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> The Roehr Agency 4642 Ridge Ave. Cincinnati, OH 45209 Alvin F. Roehr, Jr.		<b>CONTACT NAME:</b> Sandy Jones <b>PHONE (A/C, No, Ext):</b> 513-985-0351 <b>E-MAIL ADDRESS:</b> sjones@roehrins.com		<b>FAX (A/C, No):</b> 513-985-0359	
<b>INSURED</b> Nada Group LLC; NADAColumbusLLC Nada Cincinnati LLC; BOCA, LLC Phoenix Project Cincinnati LLC Nada Nashville LLC; Nada Indianapolis LLC 114 E 6th St Cincinnati, OH 45202		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cincinnati Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 10677	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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			EPP 0253830	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			EPP 0253830	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0			EPP 0253830	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Liquor \$ 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	Y/N	N/A	EPP 0253830 OHIO EMPLOYERS LIABILITY	06/01/2017	06/01/2018	WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			EPP 0253830	06/01/2017	06/01/2018	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: Sign for Nada, a Mexican restaurant, 202 21st Avenue South, Nashville, TN 37203 The Metropolitan Government of Nashville & Davidson County, Metro Legal & Claims c/o Insurance and Safety Division is included as additional insured as required by written contract. A 30 day notice of cancellation applies.

<b>CERTIFICATE HOLDER</b>  METROP1  The Metropolitan Government of Nashville & Davidson County Metro Legal & Claims 222 Third Ave N, Ste. 501 Nashville, TN 37201	<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 
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Map data ©2017 Google, Nashville Davidson County United States 100 ft

**NEON REPRESENTATION NOT EXACT**

**FRONT VIEW**  
SCALE: 1/2" = 1'-0"

**END VIEW**  
SCALE: 1/2" = 1'-0"

DEPTHS TO BE VERIFIED

15'-7" CLEARANCE TO SIGNAGE

2" square steel tubes w/ 3/16" thick wall

Backer plates as required

11" WALL

1'-0" 4'-0" 3'-6 1/2" 1'-3" 1'-6" 1'-4" 1'-3"

**SIGN CABINET AND FACES TO MATCH CANOPY COLOR**

**PROPOSED INSTALL LOCATION**

13'-5" SIGNAGE

15'-7" CLEARANCE TO SIGNAGE

08-06-2017 08:35

**ELECTRICAL NOTES**

ELECTRICAL IN J. BOX INSIDE CAB CONNECTED TO PRIMARY LEADS: POWER-POWER NEUTRAL-NEUTRAL GRND-GRND

Suitable For Wet Or Dry Locations

**CANOPY COLOR TBD**

**MOUNTING METHOD TO BE DETERMINED**

**SURVEY REQUIRED**

HWG LOG: INC 10-11-17: ADDED CLEARANCE TO SIDEWALK

<b>NADA</b>		<b>SPECIFICATIONS &amp; FINISHES:</b> 1. FABRICATE/INSTALL ONE (1) DF BLADE SIGN W/ SKELETON NEON AS ILLUSTRATED AND SPECIFIED.		DESIGNED BY: A.T./M.C.	DATE: 10-11-17	<b>APPROVALS</b> CUSTOMER: _____ NOTIFICATION: _____ PROJECT MANAGER: _____	 438 Barlow Road, Nashville, TN 37219 615.256.3443   615.564.9057
LOCATION: 21ST AVE S NASHVILLE, TN	JOB CONTACT: NAME _____ PROJECT MGR: M. SHEA			WORK ORDER NO.: 381577	PAGE 3 OF 3		