

Proposal No. 2018M-011EN-001



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)
03/07/2018

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 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 Willis of Tennessee, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED 300 Broadway, LLC One Gaylord Drive Nashville, TN 37214	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: Regent Insurance Company</td> <td>24449</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: Regent Insurance Company	24449	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC#														
INSURER A: Regent Insurance Company	24449														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER: W5465385** **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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	CGA1322024	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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			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)
 This Voids and Replaces Previously Issued Certificate Dated 02/26/2018 WITH ID: W5377692.

Re: One projecting sign and one blade sign for Ole Red at 300 Broadway, Nashville, Tennessee 37201.

The Metropolitan Government of Nashville & Davidson County Metro Legal and Claims, c/o Insurance and Safety Division is included as an Additional Insured as required by written contract.

CERTIFICATE HOLDER The Metropolitan Government of Nashville & Davidson County Metro Legal and Claims 222 Third Ave N. Ste 501 Nashville, TN 37201	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
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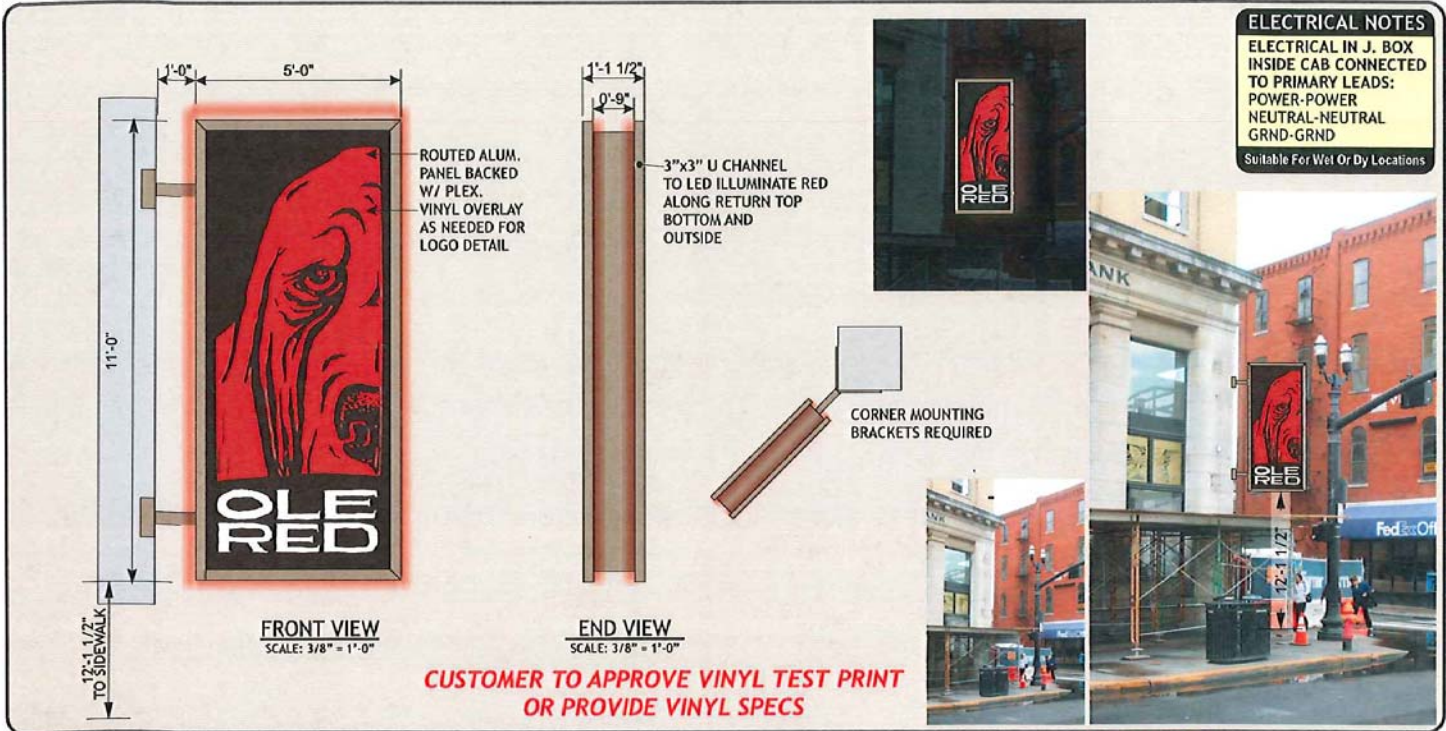
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ACORD 25 (2016/03)

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SR ID: 15723717

BATCH: 626490



ELECTRICAL NOTES
ELECTRICAL IN J. BOX INSIDE CAB CONNECTED TO PRIMARY LEADS:
POWER-POWER
NEUTRAL-NEUTRAL
GRND-GRND
Suitable For Wet Or Dry Locations

CUSTOMER TO APPROVE VINYL TEST PRINT OR PROVIDE VINYL SPECS



OLE RED	
LOCATION:	300 BROADWAY NASHVILLE, TN
JOB CONTACT: NAME	PROJECT MGR: M. SHEA
DRAWING NO:	170267-S20-01

SPECIFICATIONS & FINISHES:
1. FABRICATE/INSTALL ONE(1) DF LED ILLUMINATED BLADE SIGN W/ ROUTED ALUMINUM FACES BACKED WITH PLEX AND LED ILLUMINATED U CHANNEL ACCENTED EDGES AS ILLUSTRATED AND SPECIFIED

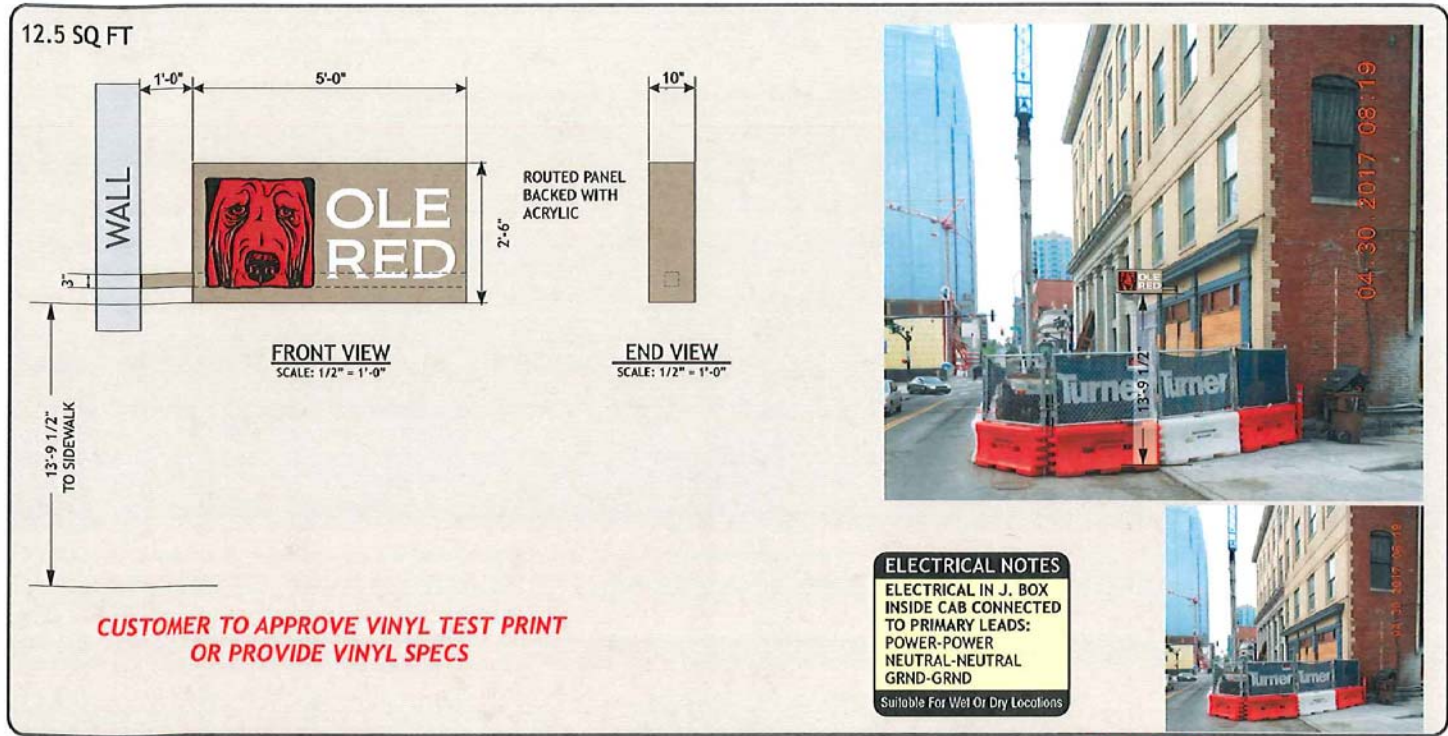
AGED SILVER/ ANTIQUED PEWTER
 ACRYCAST 2380-RUST
 WHITE
 PMS 7627

DESIGNED BY	DATE:
AT/MC	02-15-18
WORK ORDER NO.:	
XXXXXX	
PAGE	OF
1	6

APPROVALS
FOR MANUFACTURING:
CUSTOMER:
INSTALLATION:
PROJECT MANAGER:

JOSLIN AND SON SIGNS

630 Marfreestboro Rd. Nashville, TN 37210
615.255.3451 1.800.515.9557



ELECTRICAL NOTES
 ELECTRICAL IN J. BOX
 INSIDE CAB CONNECTED
 TO PRIMARY LEADS:
 POWER-POWER
 NEUTRAL-NEUTRAL
 GRND-GRND
 Suitable For Wet Or Dry Locations

OLE RED	
LOCATION:	300 BROADWAY NASHVILLE, TN
JOB CONTACT:	NAME PROJECT MGR: M. SHEA
DRAWING NO:	170267-S20-05

SPECIFICATIONS & FINISHES:
 1. FABRICATE/INSTALL ONE(1) DF LED ILLUMINATED BLADE SIGN W/
 ROUTED ALUM. PANEL BACKED W/ PLEX AS ILLUSTRATED AND SPECIFIED.

AGED SILVER/
 ANTIQUED PEWTER
 PMS 439
 WHITE
 PMS 7627

DESIGNED BY: AT/MC DATE: 02-16-18
 WORK ORDER NO.: XXXXXX
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APPROVALS
 FOR MANUFACTURING
 CUSTOMER:
 INSTALLATION:
 PROJECT MANAGER:

JOSLIN AND SON SIGNS
 630 Mulreesboro Rd. Nashville, TN 37210
 615.255.3463 1.800.545.9597