ACORD

4PANTLL-01 JREADLITCHFORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2018

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
Chappell, Smith & Associates
1006 Merylinger Court
PO Box 681209
Franklin, TN 37067

CONTACT NAME: Jennifer Read Litchford
PHONE (A/C, No, Ext): (615) 435-8314 FAX (A/C, No): (615) 435-8334
E-MAIL ADDRESS: jread@chappellsmith.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Navigators Specialty Insurance	
INSURER B : Travelers Prop Casualty Co	36161
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
4 Pant, LLC Printer's Alley Hotel Development
2000 Mallory Lane Ste 130-144
Franklin, TN 37067

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE / X OCCUR	X		GA16CGL194131IC	05/17/2016	11/19/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB / X OCCUR						EACH OCCURRENCE	$ 6,000,000
	X EXCESS LIAB / CLAIMS-MADE			GA16EXC875113IC	05/17/2016	11/19/2018	AGGREGATE	$
	DED / RETENTION $						Aggregate	$ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Builders Risk			QT-660-1H765241-TIL-18	04/19/2016	11/19/2018	Earth Lmt	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Dream 4th Ave sign
The Metropolitan Government of Nashville & Davidson County, Metro Legal and Claimns c/o Insurance and Safety Division is listed as additional insured on the General Liability as required by written contract. 30 days notice of cancellation applies.

CERTIFICATE HOLDER

The Metropolitan Government of Nashville & Davidson County
Metro Legal and Claims
c/o Insurance and Safety Division
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

ACORD 25 (2016/03)

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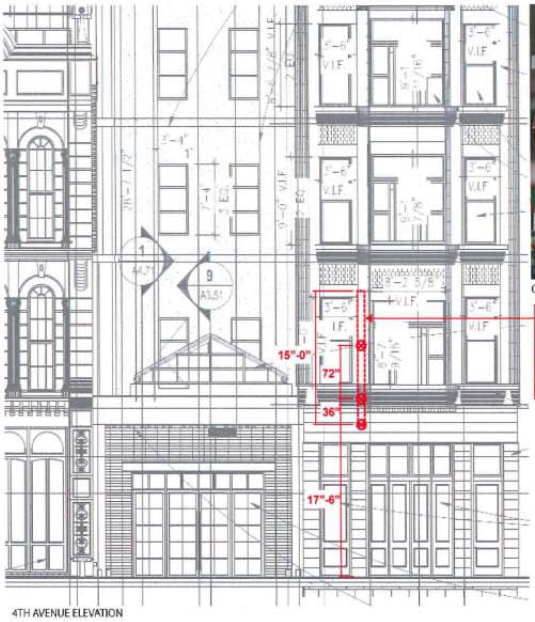
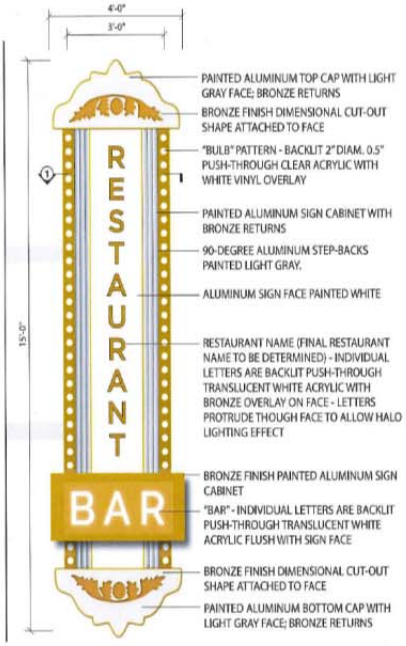


4TH AVENUE ELEVATION

ORIGINAL "CLEANERS" SIGN

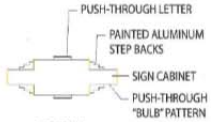
NEW RESTAURANT SIGN

DREAM HOTEL - PROPOSED 4TH AVENUE SIGN | GS&P | 04.03.18

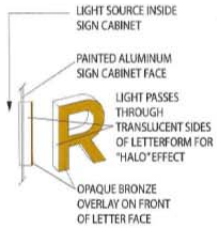


NORTH ELEVATION
(SOUTH ELEVATION SIMILAR)
1/2" = 1'

WEST ELEVATION
(FACING 4TH AVE)
1/2" = 1'



SECTION 1



DETAIL - BACKLIT PUSH-THROUGH "RESTAURANT" LETTER

DREAM HOTEL - PROPOSED 4TH AVENUE SIGN | GS&P | 04.03.18