

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 2375 E. Camelback Rd, Suite 250 Phoenix, AZ 85016	CONTACT PERSON Clorinda Thompson PHONE (A.S. No. Exp): 602-279-5900 FAX (A.S. No.): 602-279-5599 EMAIL ADDRESS: clorinda.thompson@usi.com												
INSURED Alliance Multifamily Builders, LLC 2525 E. Camelback Road, Suite 500 Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr><td>INSURER A: Orindal Insurance Company</td><td>10833</td></tr> <tr><td>INSURER B: Admiral Insurance Company</td><td>24856</td></tr> <tr><td>INSURER C: Columbus American Insurance Co.</td><td>10641</td></tr> <tr><td>INSURER D: Adams American Insurance Co.</td><td>43460</td></tr> <tr><td>INSURER E: Travers Property Cas. Co.</td><td>25674</td></tr> <tr><td>INSURER F:</td><td></td></tr> </table>	INSURER A: Orindal Insurance Company	10833	INSURER B: Admiral Insurance Company	24856	INSURER C: Columbus American Insurance Co.	10641	INSURER D: Adams American Insurance Co.	43460	INSURER E: Travers Property Cas. Co.	25674	INSURER F:	
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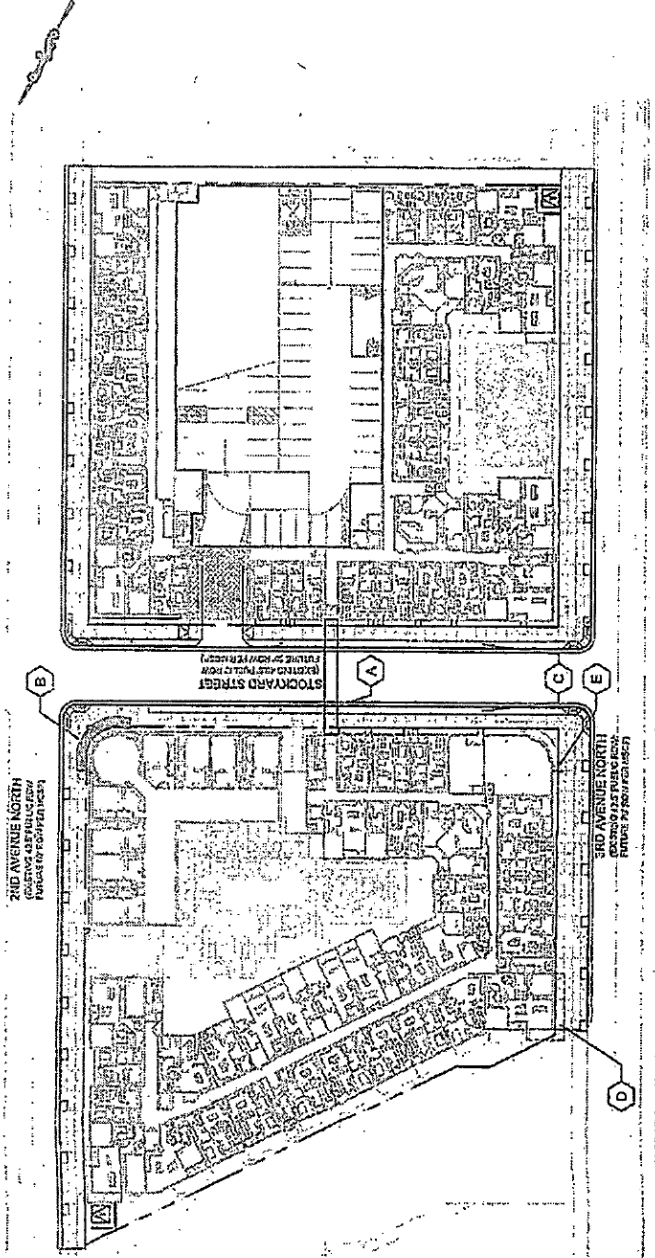
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

TYPE	TYPE OF INSURANCE	AGGREGATE LIMIT (USD)	POLICY NUMBER	POLICY PER. (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 <input checked="" type="checkbox"/> BI/PD Ded: 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER ACCIDENT <input type="checkbox"/> LOC OTHER:		VGGP003077	01/31/2018	01/31/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA39588417	12/01/2017	12/01/2018	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE PER PERIODS:		BEX0960257001	01/31/2018	01/31/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input type="checkbox"/> Y/N (Y=Yes, N=No) (See also limit description on OPERATIONS policy)						
C	Excess of \$15M Excess of \$25M		EXC30000246701 CXK0056D18	01/31/2018 01/31/2018	01/31/2019 01/31/2019	\$15,000,000/\$15,000,000 \$25,000,000/\$25,000,000

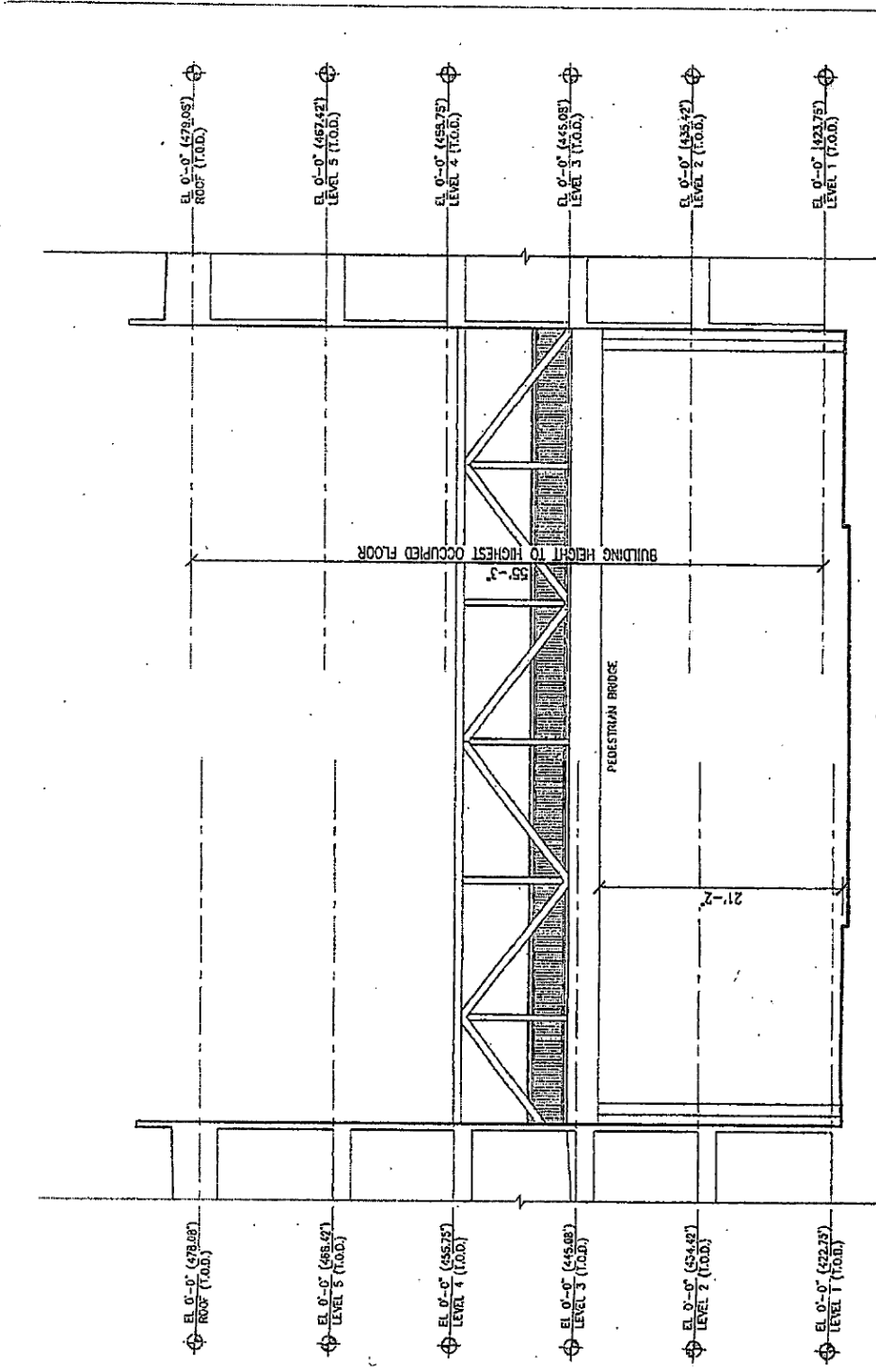
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Full Certificate Holder: The Metropolitan Government of Nashville and Davidson County - Metro Legal & Claims c/o Insurance and Safety Division.
 RE: 901 2nd Avenue, Nashville, TN.
 The General Liability policy(s) include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract or written (See Attached Descriptions)

CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson Metro Legal & Claims 222 3rd Avenue North, Ste. #501 Nashville, TN 37201-0000	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 William H. Rhames
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R.O.W ENCROACHMENT KEY NOTES:

- (A) ELEVATED BRIDGE CONNECTING BUILDINGS - SEE ARCH EXHIBIT
- (B) EXISTING STEPS TO HISTORIC STOCKYARD BUILDING
- (C) PRIVATE LIGHT POLES ALONG STOCKYARD STREET
- (D) 6'-0" DEEP AWNING AT APPROXIMATELY 50' ABOVE GRADE
- (E) 6'-0" DEEP BLADE SIGN AT 12' (MINIMUM) ABOVE GRADE



EL. 0'-0" (479.05')
 ROOF (T.O.D.)

EL. 0'-0" (467.42')
 LEVEL 5 (T.O.D.)

EL. 0'-0" (455.75')
 LEVEL 4 (T.O.D.)

EL. 0'-0" (445.05')
 LEVEL 3 (T.O.D.)

EL. 0'-0" (435.42')
 LEVEL 2 (T.O.D.)

EL. 0'-0" (422.75')
 LEVEL 1 (T.O.D.)

BUILDING HEIGHT TO HIGHEST OCCUPIED FLOOR

55'-3"

PEDESTRIAN BRIDGE

21'-2"

1 STOCKYARDS BLVD.
 3/32-1'-0"
 7.9.2018

PROPOSED DEVELOPMENT