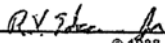


Proposal No. 2018M-029EN-001

Client#: 1523542	20CHARLHOT	DATE (MM/DD/YYYY) 8/15/2018													
ACORD™ CERTIFICATE OF LIABILITY INSURANCE															
<p>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.</p> <p>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).</p>															
PRODUCER McGriff Insurance Services, Inc. Post Office Box 13941 Durham, NC 27709 919 281-4500	CONTACT NAME: Bobbi Pendleton PHONE (A/C, No, Ext): 919 281-4500 FAX (A/C, No): 8887468761 E-MAIL ADDRESS: bpendleton@mcgriffinsurance.com														
INSURED 401 Union Hotel, LLC c/o Charlestowne Hotels Inc 28 BridgeSide Boulevard Mount Pleasant, SC 29464	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Travelers Property Casualty Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER B : American Guarantee & Liability Ins Co</td> <td>26247</td> </tr> <tr> <td>INSURER C : Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER D : The North River Insurance Company</td> <td>21105</td> </tr> <tr> <td>INSURER E : Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER F : Lloyd's</td> <td>FOREIG</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property Casualty Co of Amer	25674	INSURER B : American Guarantee & Liability Ins Co	26247	INSURER C : Fireman's Fund Insurance Company	21873	INSURER D : The North River Insurance Company	21105	INSURER E : Twin City Fire Insurance Company	29459	INSURER F : Lloyd's	FOREIG
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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 SUBR INSR WVO	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 <input checked="" type="checkbox"/> Liquor Liability \$1MM/\$2MM GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X X	6604J187216TIL18	06/01/2018	06/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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									
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X X	BA4J15173018CAG	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea 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"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$0	X X	BINDER AUC115088700	06/01/2018	06/01/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000									
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	UB4J3031881843G	06/01/2018	06/01/2019	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000									
E	Crime		22KB032977218	06/01/2018	06/01/2019	\$2,000,000/Ded \$15,000									
F	EPLI		BEP017EFCG	06/01/2018	06/01/2019	\$1,000,000/\$5,000,000									
G	Cyber/Prof		USF00020218	06/01/2018	06/01/2019	\$10,000,000/Ded. \$25,000									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															
RE: Fairlane Hotel 104 Union Street Nashville, TN 37219 The Metropolitan Government of Nashville and Davidson County, Metro Legal & Claims, Insurance and Safety (See Attached Descriptions)															
CERTIFICATE HOLDER				CANCELLATION											
The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims Insurance and Safety Division 222 3rd Avenue North, Ste #501 Nashville, TN 37201				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 											

DESCRIPTIONS (Continued from Page 1)

Division are additional insured on general liability, auto liability and umbrella liability as required by written agreement. Umbrella Liability is following form of other liability coverages listed above. Coverage is primary non-contributory. Waiver of subrogation applies to general liability, auto liability and workers compensation. Terrorism coverage is included.

**** Other Lines Information ****

Umbrella Policy Total Limit \$50,000,000 (Layered Policies)

C Fireman's Fund SHX15372550 Eff Date: 06/01/2018 Exp Date: 06/01/2019

Umbrella Coverage

Limit: \$25,000,000 XS \$10,000,000

D North River 522804372 Eff Date: 06/01/2018 Exp Date: 06/01/2019

Umbrella Coverage

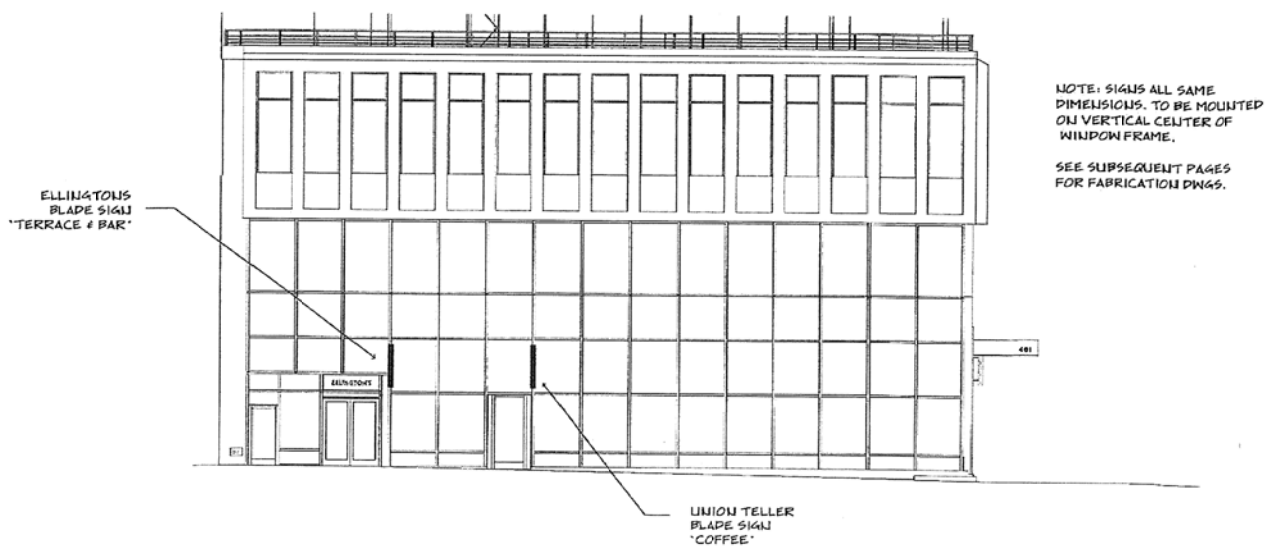
Limit: \$15,000,000 XS \$35,000,000

G Allianz Underwriter Insurance Company NAIC#36420 Eff Date 06/01/2018 Exp Date 06/01/2019

Environmental/Pollution \$10,000,000

NEW SIGNAGE DESIGN
 CONSULTING & ARCHITECTURE
 1110 11th Street NW
 Washington, DC 20004
 TEL: 202-462-1111
 WWW: NEWSIGNAGEDESIGN.COM

Signature
 JORDAN
 NORTON, DC 20004



ELLINGTONS
BLADE SIGN
"TERRACE & BAR"

UNION TELLER
BLADE SIGN
"COFFEE"

NOTE: SIGNS ALL SAME
DIMENSIONS. TO BE MOUNTED
ON VERTICAL CENTER OF
WINDOW FRAME.

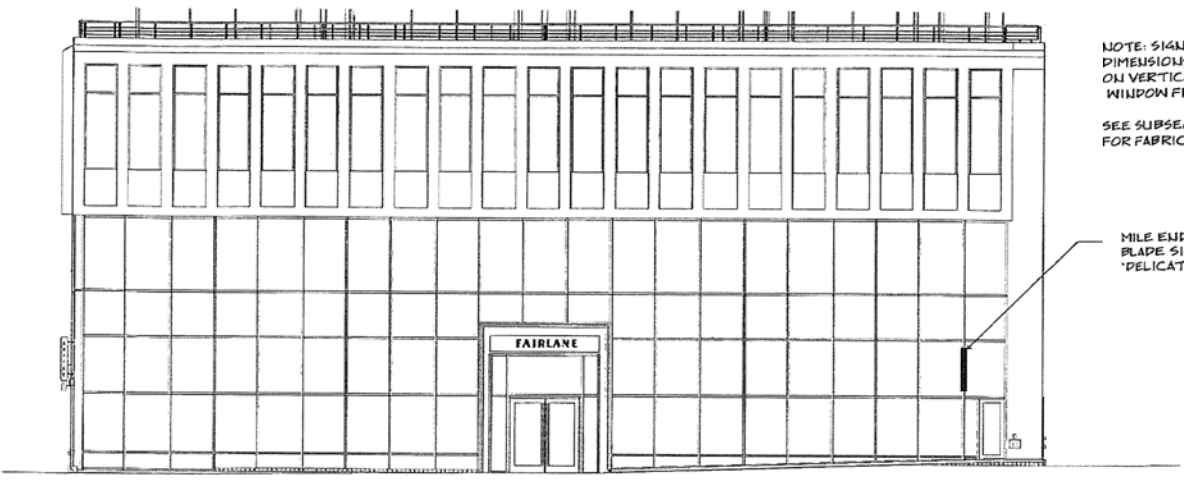
SEE SUBSEQUENT PAGES
FOR FABRICATION DWGS.

EAST ELEVATION- 4TH AVE. NORTH

1/8" = 1'

(N0226991.1)

NOT TO SCALE
 1/8" = 1'-0"
 ARCHITECT
 2020 DRAFT
 PROJECT NO. 18-08503
 DATE: 11/15/2018

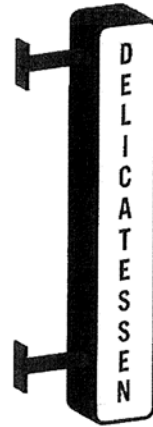
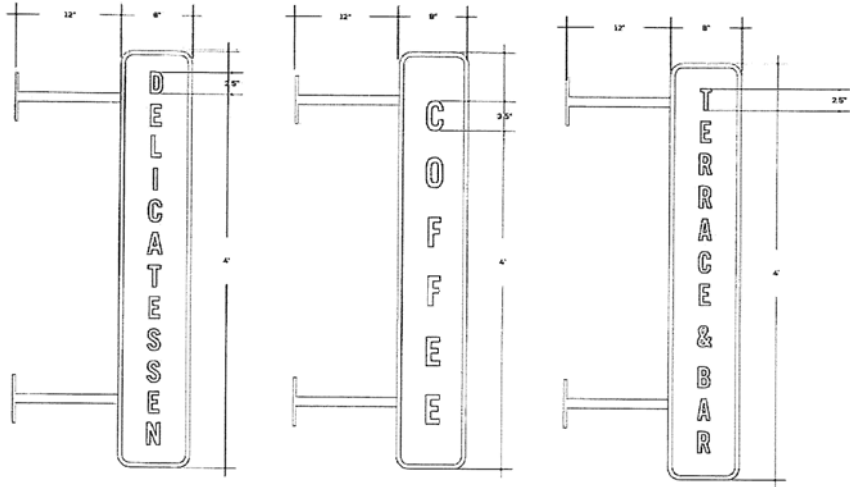
NOTE: SIGNS ALL SAME DIMENSIONS. TO BE MOUNTED ON VERTICAL CENTER OF WINDOW FRAME.

SEE SUBSEQUENT PAGE FOR FABRICATION DWGS.

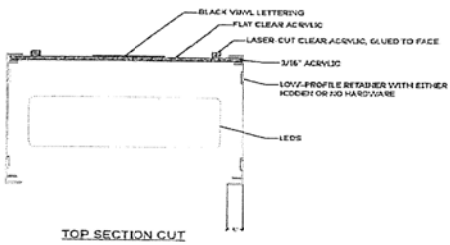
MILE END PLATE SIGN 'DELICATESSEN'

NORTH ELEVATION - UNION STREET

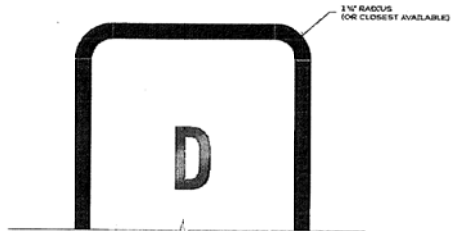
1/8" = 1'



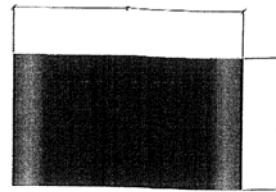
Signature
 2023/07/16
 KAYE PAUL JEB



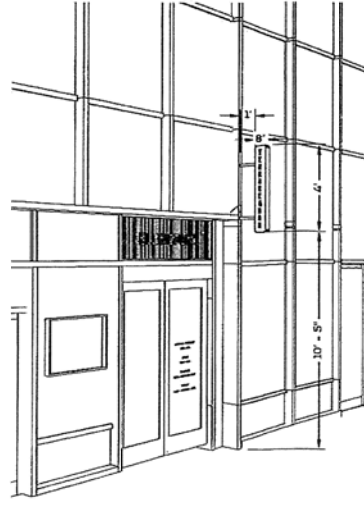
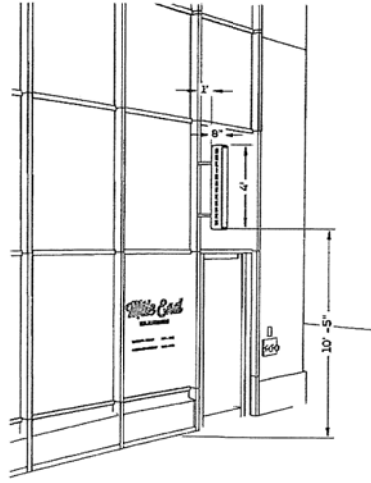
TOP SECTION CUT



FRONT VIEW



TOP VIEW



NOT A CONTRACT DOCUMENT
 FOR CONSTRUCTION OF THIS PROJECT
 THIS DRAWING IS FOR INFORMATION ONLY
 AND DOES NOT REPRESENT A CONTRACT
 DRAWING.
 2200 E. 17th Ave.
 Suite 100
 Denver, CO 80202
 (303) 733-1111
 J. S. J. Architects