

Proposal No. 2019M-006EN-001



RESTINV-01

DDUNNING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2018

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 Meryllinger Court PO Box 681209 Franklin, TN 37067	CONTACT Dawn Dunning PHONE (A/C No., Ext): (615) 435-8318 FAX (A/C, No.): (615) 435-8338 E-MAIL ADDRESS: ddunning@chappellsmith.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance INSURER B: Employers INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10346

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

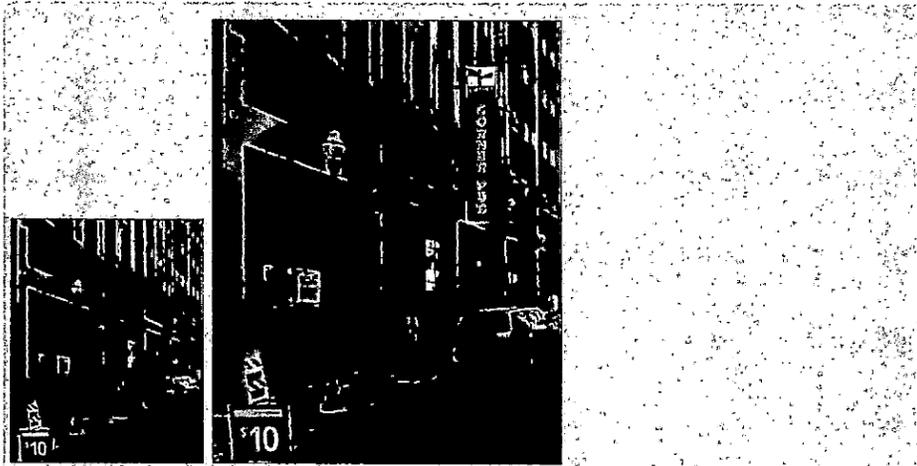
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSUR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSR(VWQ)	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: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BP17015839	06/27/2018	06/27/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA17015860	06/27/2018	06/27/2019	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 CED RETENTIONS		UM17015858	06/27/2018	06/27/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	EIG 2098462 03	04/24/2018	04/24/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Metropolitan Government of Nashville & Davidson County, Metro Legal and Claims C/O Insurance & Safety Division is included as additional Insured as required by written contract. A 30 Days Notice of Cancellation Applies

CERTIFICATE HOLDER Metropolitan Government of Nashville & Davidson County Metro Legal & Claims C/O Insurance & Safety Division 222 3rd Avenue North, 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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CORNER PUB
 147 5TH AVE.
 NASHVILLE, TN
 PROJECT MGR: K. CLARK
 DRAWING NO.: 180654-K30-02

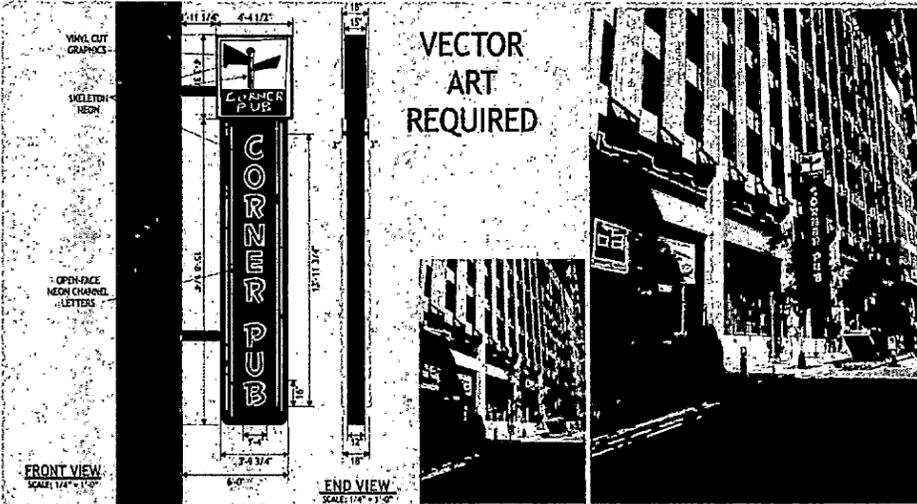
SPECIFICATIONS & FINISHES
 A. FABRICATE/INSTALL DOUBLE-SIDED BLADE SIGN WITH FORMED CAN TOP PIECE, OPEN-FACE NEON CHANNEL LETTERS, SECTION NEON DETAIL AND VINYL CUT GRAPHICS AS ILLUSTRATED IN SPECIFIED
 B. FABRICATE/INSTALL DOUBLE-SIDED BLADE SIGN WITH SMALL UPPER CANOPY, OPEN-FACE NEON CHANNEL LETTERS, SECTION NEON DETAIL AND VINYL CUT GRAPHICS AS ILLUSTRATED IN SPECIFIED
 WHITE PRINT BLACK PRINT WHITE NEON RED NEON ORANGE NEON WHITE VINYL BLACK VINYL

DATE: 07-24-18
 DESIGNED BY: J. MORTON
 CHECKED BY: XXXXX
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APPROVALS
 ENGINEERING
 REALIZATION
 PROJECT MANAGER



*Design & Drawing are Property of Joslin Signs, Use Without Consent is Subject to Penalties and/or Litigation.



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