

AMENDMENT NO. 1
TO
ORDINANCE NO. BL2019-1619

Mr. President –

I hereby move to amend Ordinance No. BL2019-1619 by adding the following “Certificate of Liability Insurance” to the ordinance, as an additional attachment.

SPONSORED BY:

Freddie O’Connell
Member of Council



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2019

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 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 HAUSER, Inc. 5905 E. Galbraith Rd, Ste 9000 Cincinnati OH 45236	CONTACT NAME: HAUSER Inc. PHONE (A/C No. Ext): 513-745-9200 E-MAIL ADDRESS: vdxion@thehausergroup.com		FAX (A/C, No): 513-745-9219	
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Nashville PropCo LLC Mark Flower 300 North LaSalle St Ste 4900 Chicago IL 60654	NASHV-2		INSURER A: Maxum Indemnity Company INSURER B: StarStone Specialty Ins Co. INSURER C: INSURER D: INSURER E: INSURER F:	26743 44776

COVERAGES

CERTIFICATE NUMBER: 1312114301

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BDG-3032708-01	9/24/2018	9/24/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			082668190ALI	4/19/2019	4/19/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 Retention \$ 0
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 306 Gay Street AKA 310 Gay Street when Marriott Construction begins for new hotel

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY METRO LEGAL & CLAIMS is / are shown as an additional insured(s) solely with respect to general liability coverage as evidenced herein as required by written contract with respect to work performed by the named insured(s) PER FORM# CG2026 (04-13)

30 DAYS Advanced notice of cancellation provided to THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY METRO LEGAL & CLAIMS under the GL and following form Excess

CERTIFICATE HOLDER**CANCELLATION** 30 days except non payment 10 days

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY METRO LEGAL & CLAIMS
 C/O INSURANCE AND SAFETY DIVISION
 2223RD 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

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