Proposal No. 2017M-046EN-001

AC	COL	RD
-		

INDUS-1

OP ID: KIDA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDYYYY)

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). CONTACT Highsmith Insurance
NAME:
NAME:
(A)C. (A 919-878-9412 Highsmith Insurance 3700 Glenwood Ave., Suite 430 Raleigh, NC 27612 Wallace Palmer FAX (A/C, No): 919-256-1969 INSURER(S) AFFORDING COVERAGE
INSURER A : Travelers Indemnity Co NAIC # INSURED Industrial Strength Marketing 1401 5th Avenue North Nashville, TN 37208 INSURER B : Travelers Casualty Insurance C 19046 INSURER C INSURER D : INSURER E : INSURER F : 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 OF INSURANCE

ADDI. SUBP.

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ADDI. SUBP.

NSD. WVD. POLICY NUMBER

POLICY FOR POLICY SP. MM/DDYYYY) MM/DDYYYYY MM/DDYYYY MM/DDYYYYY MM/DDYYYYY MM/DDYYYYY MM/DDYYYY MM/DDYYYYY MM/DDYYYY MM/DDYYY MM/DDYYYY MM/DDYYYY MM/DDYYYY MM/DDYYY MM/DDYYY MM/DDYYYY MM/DDYYYY MM/DDYYY MM/DDYYYY MM/DDYYYY MM/DDYYYY MM/DDYYY MM/DDYY MM/DDYYY MM/DDYYY MM/DDYY MM/D X COMMERCIAL GENERAL LIABILITY 2,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurr 300,000 X 6803G262650 09/25/2016 09/25/2017 5.000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY GENT AGGREGATE LIMIT APPLIES PER: 4,000,000 GENERAL AGGREGATE X POLICY PRO-4,000,000 PRODUCTS - COMP/OP AGG \$ OTHER B AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 X ANY AUTO BA3G265387 09/25/2016 09/25/2017 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-QWNED X UMBRELLA LIAB 1,000,000 OCCUR EACH OCCURRENCE CUP3G307881 09/25/2016 09/25/2017 EXCESS LIAB CLAIMS-MADE X 1,000,000 AGGREGATE 5000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER OT ER UB3G265572 09/25/2016 09/25/2017 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. FACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS bel 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION

METROP1

THE METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY METRO LEGAL & CLAIMS C/O INS. 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

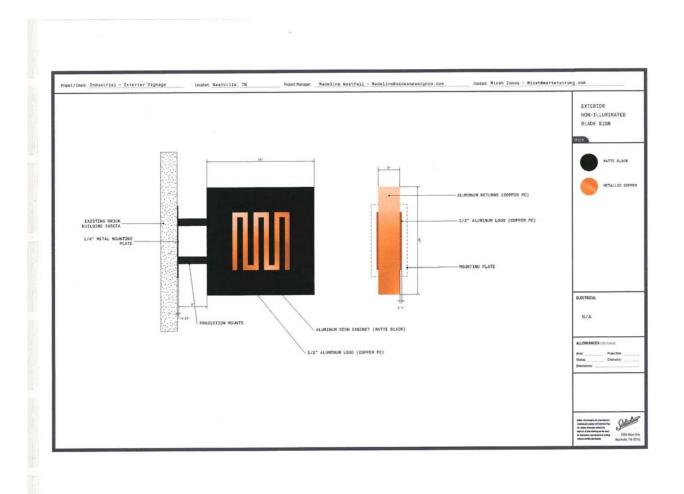
ACORD 25 (2016/03)

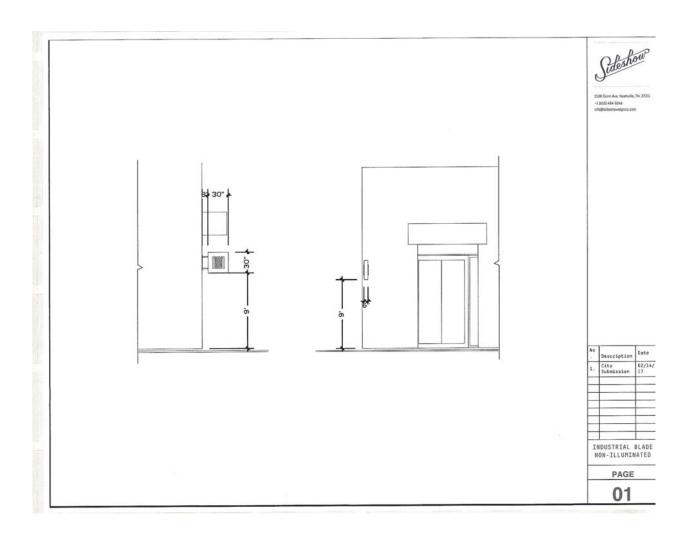
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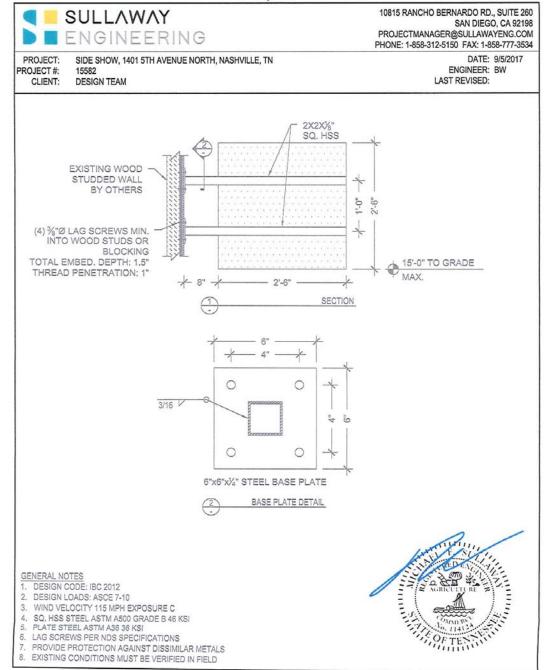
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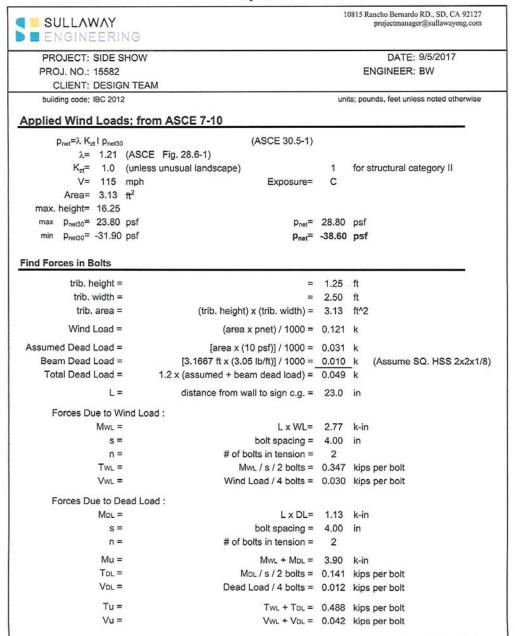
D-17-07938

NOTEPAD:	HOLDER CODE INSURED'S NAME	METROP1 Industrial Strength Marketing	INDUS-1 OP ID: KIDA	PAGE 2
JLL CERTIFICATE F			- In then	Date 09/19/2017
E METROPOLITAN G TRO LEGAL & CLAI O INSURANCE AND 2 3RD AVENUE NOR	SOVERNMENT OF MS SAFETY DIVIS RTH, SUITE #5	NASHVILLE AND DAVIDSON COUNTING	TTY	
DITIONAL INSURED	UNDER THE G	HVILLE & DAVIDSON COUNTY IS ENERAL LIABILITY	INCLUDED AS AN	









Page 3 of 4

Check w/ 3/8" Lag Screws w/ 1.5" Embed. Depth, 1.0" Thread Penetration, (4) Total Per Plate T per anchor = = 488 lbs per bolt = 42 lbs per bolt V per anchor = See following page for lag screw report. Check 6"x6"x1/4" Steel Base Plate bolt spacing = 4.00 in s = Pipe OD = = 2.00 in $[s - (0.95 \times Pipe OD)] / 2 = 1.05$ in arm = M = Tu x arm x 2 bolts = 1.0 k-in fy = = 36 ksi $\phi =$ = 0.9 b = bolt width = 4.00 in h= plate thickness = 0.25 in Z= $(bh^2) / 4 = 0.06 in^3$ φMn = ϕ x fy x Z = 2.0 k-in OK Check Flexure in 2x2x1/8" SQ. HSS Beams : Mu = [(MwL + MDL) / 12] = 0.33 k-ft Use 2x2x1/8 SQ. HSS min., ϕ Mn=2.02 k-ft; OK

