

Proposal No. 2016M-035EN-001

Client#: 842352

22RCMAT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2016

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 BB&T - Cooper, Love, Jackson, Thornton & Harwell PO Box 139 Nashville, TN 37202-0139		CONTACT NAME: REGINA HARRIS PHONE (A/C, No, Ext): 615 292-9000 FAX (A/C, No): 877-767-7417 E-MAIL ADDRESS:	
INSURED R.C. Mathews Contractor LLC P.O. Box 24687 Nashville, TN 37202		INSURER(S) AFFORDING COVERAGE INSURER A : Charter Oak Fire Insurance Comp NAIG # 25615 INSURER B : Travelers Property Casualty Co 25674 INSURER C : Phoenix Insurance Company 25623 INSURER D : Travelers Indemnity Company 25658 INSURER E : INSURER F :	

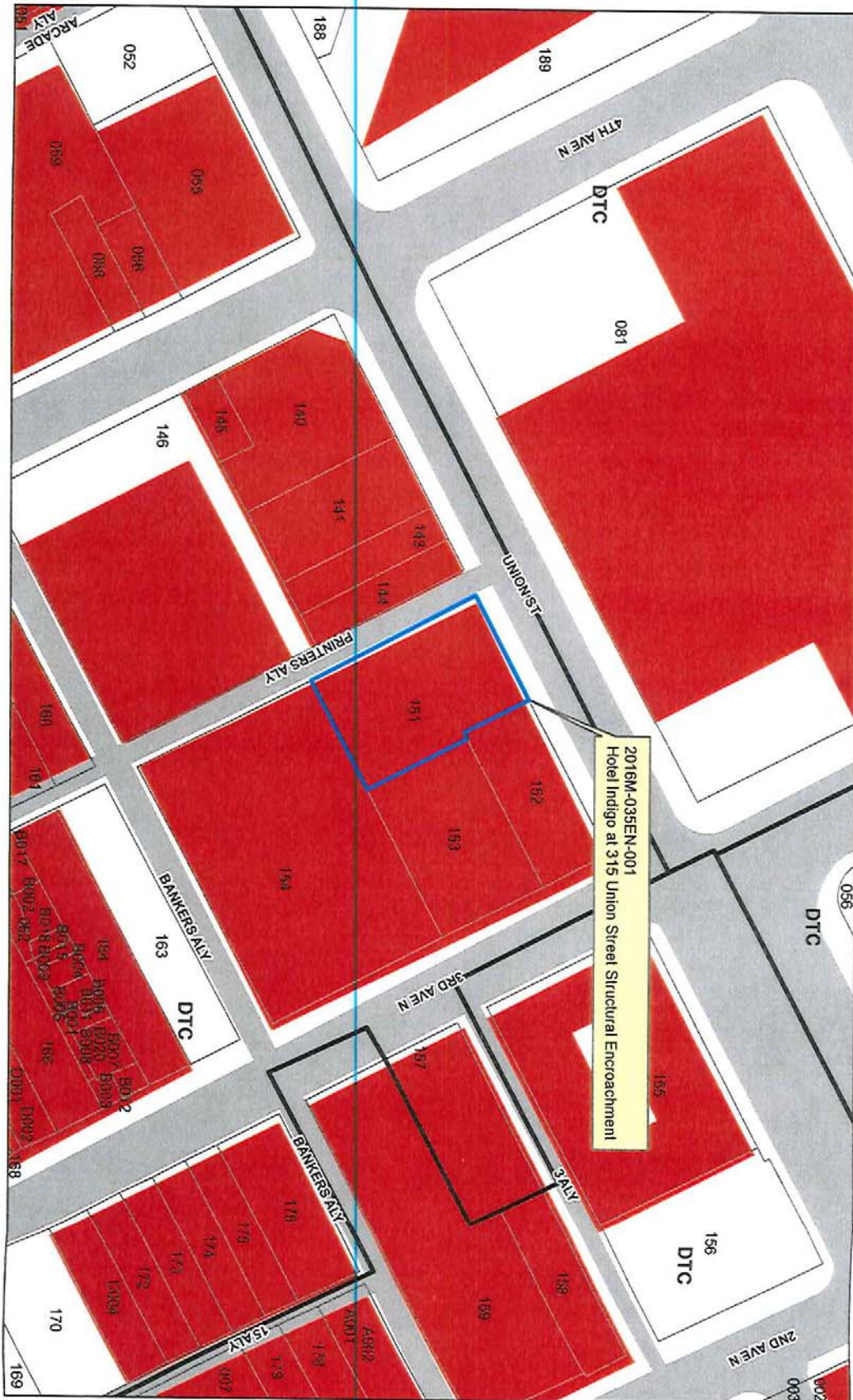
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

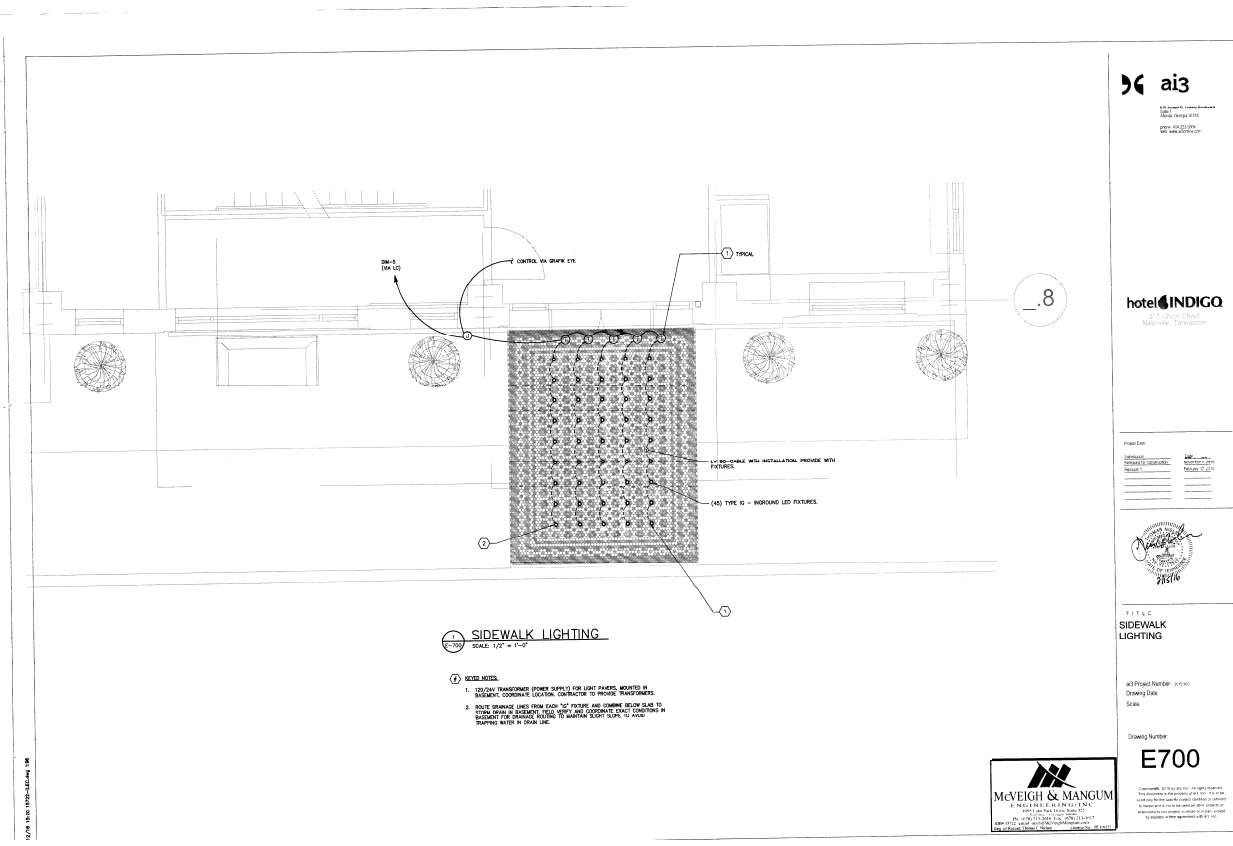
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDSUBR INSR	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"/> Property Damage Ded. \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	DTCO8834C915COF16	01/01/2016	01/01/2017	EACH OCCURRENCE ≤1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) ≤300,000 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 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car		DT8108834C915TIA16	01/01/2016	01/01/2017	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 DED <input checked="" type="checkbox"/> RETENTION ≤10000		DTSMCUP8834C915TIL	01/01/2016	01/01/2017	EACH OCCURRENCE ≤20,000,000 AGGREGATE ≤20,000,000 \$
C	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	DTNUB8834C91516	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
 General Aggregate Limit applies per project if agreed upon in a written contract which is in effect during this policy period, to provide a separate general aggregate limit; provided that the contract is signed and executed prior to any loss for which coverage is sought.
 Metropolitan Government of Nashville and Davidson County is additional insured with regard to General Liability Coverage if required by contract between the named insured and Metropolitan Government of (See Attached Descriptions)

CERTIFICATE HOLDER Metropolitan Government of Nashville and Davidson County Metro Legal & claims 222 3rd Ave., N., 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 <i>Way T. Jackson</i>
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SIDWALK LIGHTING
SCALE: 1/8" = 1'-0"

- NOTES:**
1. USE ONLY TRANSFORMER (POWER SUPPLY) FOR LIGHT FIXTURES. MOUNTED IN BASEMENT. COORDINATE WITH THE CONTRACTOR TO PROVIDE TRANSFORMERS.
 2. BULBS SHOWN ARE FROM EACH OF FIXTURES AND COULD BE BELOW SLAB TO PROVIDE GRAB AND BARRIERS. THIS MEANS COORDINATE WITH CONTRACTOR TO PROVIDE FOR PROPER INSTALLATION TO MAINTAIN SLAB TO HAVE PROPER SLOPE TO DRAIN AWAY.

1/8



DATE	BY	REVISION



TITLE
SIDWALK LIGHTING

Project Number: 16-01
Drawing Date:
Scale:

Drawing Number:
E700



CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES AND AUTHORITIES.