

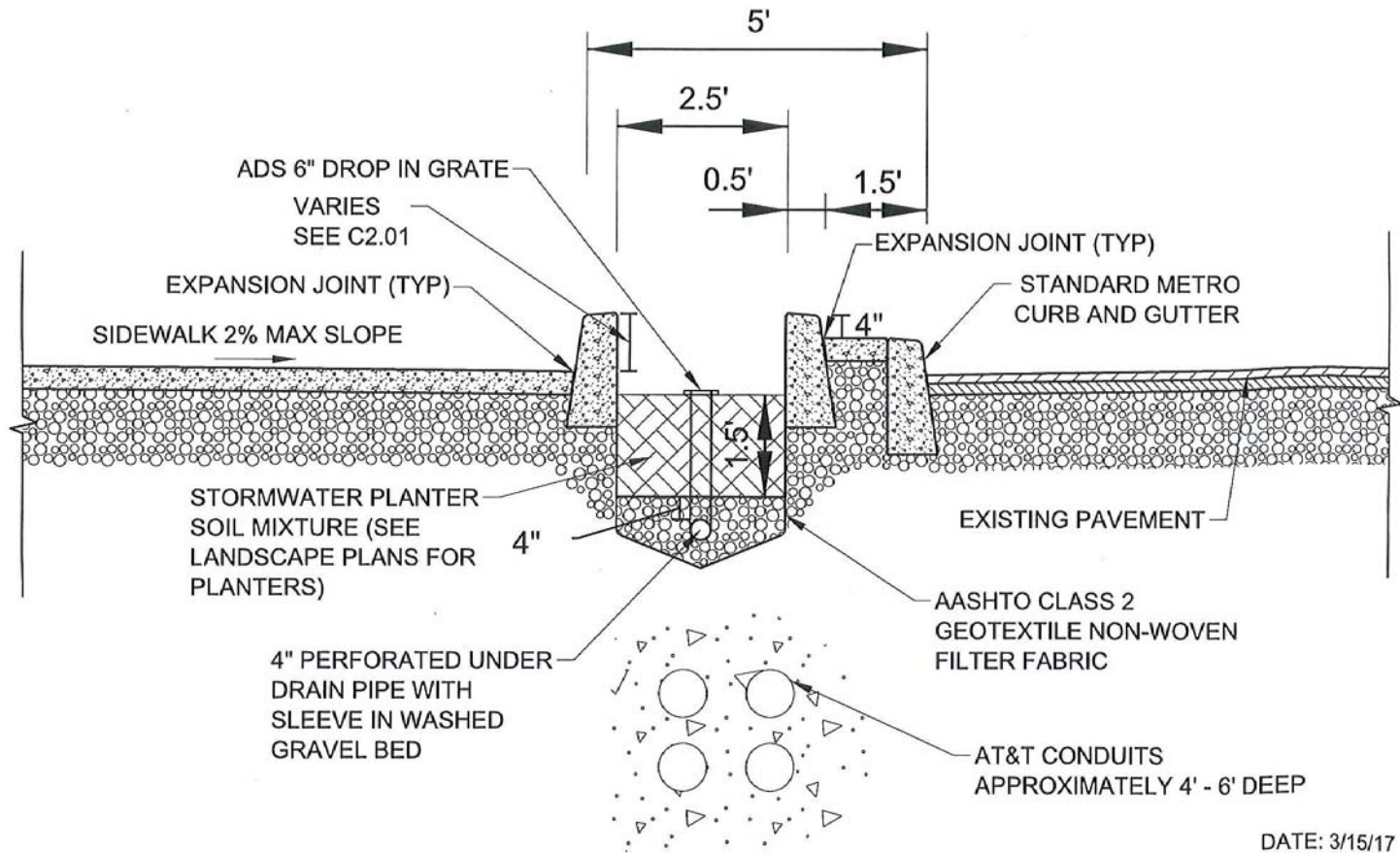
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| Client#: 842352<br><b>ACORD</b> <sup>TM</sup>   | <b>CERTIFICATE OF LIABILITY INSURANCE</b>  | 22RCMAT<br>DATE (MM/DD/YYYY)<br>03/21/2017 |
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. 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<br><b>BB&amp;T - Cooper, Love, Jackson,</b><br><b>Thornton &amp; Harwell</b><br>PO Box 139<br>Nashville, TN 37202-0139   | CONTACT NAME: <b>REGINA HARRIS</b><br>PHONE (A/C, No, Ext): <b>615 292-9000</b> FAX (A/C, No): <b>8777677417</b><br>E-MAIL ADDRESS: <b>reharris@bbandt.com</b> |  |
| INSURED<br><b>Third &amp; Lea Partners, LLC</b><br><b>c/o R.C. Mathews Contractor LLC</b><br>P.O. Box 24687<br>Nashville, TN 37202  | INSURER(S) AFFORDING COVERAGE      NAIC #  |  |
|   | INSURER A : <b>Charter Oak Fire Insurance Comp</b> <b>25615</b>  |  |
|   | INSURER B : <b>Travelers Property Casualty Co</b> <b>25674</b>   |  |
|   | INSURER C : <b>Phoenix Insurance Company</b> <b>25623</b>  |  |
|   | INSURER D : <b>Travelers Indemnity Company</b> <b>25658</b>  |  |
|   | 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  | ADDL SUBR INSR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PD Ded:5,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | DTCO8834C915COF17  | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| D   | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> Drive Oth Car<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS   |                    | DT8108834C915TIA17 | 01/01/2017              | 01/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED: <input checked="" type="checkbox"/> RETENTION \$10000   |                    | CUP0J585589        | 01/01/2017              | 01/01/2018              | EACH OCCURRENCE \$20,000,000<br>AGGREGATE \$20,000,000<br>\$   |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N / A       | DTNUB8834C91517    | 01/01/2017              | 01/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$500,000<br>E.L. DISEASE - EA EMPLOYEE \$500,000<br>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)<br>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. 30 Day Notice of Cancellation Applies.                            |  |                    |                    |                         |                         |  |

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| <b>CERTIFICATE HOLDER</b><br><br>Metropolitan Government of<br>Nashville and Davidson County<br>Metro Legal & Claims<br>222 3rd Ave. N., Ste. #501<br>Nashville, TN 37201 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Clay T. Jackson</i> |
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STORMWATER PLANTER DETAIL

DATE: 3/15/17  
SCALE 1" = 2'

**BWSC** BARKER WASSON & GANNON, INC.