

{N0149850.1} D-17-07746

Ą	CORD® CE	ER	ΓIF	ICATE OF LIAI	BILITY INS	JRANC	E 7/1/2017	DATE (MM/DD/YY	
B R	HIS CERTIFICATE IS ISSUED AS A MERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AN	VELY URA ID TI	OR NCE HE CE	NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEND OR ALTE	ER THE CO	VERAGE AFFORDED E HE ISSUING INSURER	Y THE POLIC (S), AUTHORIZ	ZED
If	IPORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	e ter	ms and conditions of th	e policy, certain po ich endorsement(s	olicies may i			
PRO	DUCER Lockton Companies		CONTACT NAME:						
8110 E Union Avenue Suite 700 Denver CO 80237					PHONE   FAX   (A/C, No):   E-MAIL   (A/C, No):   E-MAIL   (A/D, MO):   E-MAIL   (A/D, MO):   (A/				
	(303) 414-6000		INSURER(S) AFFORDING COVERAGE				C#		
INSU	PEN		INSURER A: Allied World Assurance Company, Ltd				1128		
	Simpson Housing LLLP and Aff 8110 E. Union Ave., #200		INSURER B: The Travelers Indemnity Co of America INSURER C: XI. Insurance America. Inc.				5666 1554		
	Denver, CO 80237		INSURER D: Travelers Property Casualty Co of America				674		
			INSURER E : Illinois Union Insurance Company				7960		
L					INSURER F : Allied V	Vorld Specia	alty Insurance Compar	y 16	6624
CO	VERAGES CER	TIFIC	CATE	NUMBER: 1464942	7		REVISION NUMBER:	XXXXXX	X
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD! LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE HEREIN IS SUBJECT TO	CT TO WHICH T	THIS
INSR		INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
A	X COMMERCIAL GENERAL LIABILITY	Y	N	03082662-03	3/31/2017	3/31/2018	DAMAGE TO RENTED	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	s 100,000	
	X SIR \$100,000						MED EXP (Any one person)	s Excluded	_
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	s 1,000,000 s 2,000,000	_
	POLICY PRO X LOC						PRODUCTS - COMP/OP AGG	s 2,000,000	
	OTHER:						PRODUCTS - COMPTOP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY		N				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
В	X ANY AUTO	Y	**	BA2400M010-17	3/31/2017	3/31/2018	BODILY INJURY (Per person)	\$ XXXXXX	70.77
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s XXXXXX	X
$\perp$		8 1			_  -			s XXXXXX	X
C	X UMBRELLA LIAB X OCCUR	Y	N	US00066830LI17A	3/31/2017	3/31/2018	EACH OCCURRENCE	s 25,000,000	0
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 25,000,000	10000
⊢	DED X RETENTION \$ 10,000 WORKERS COMPENSATION						PER OTH	s XXXXXX	X
D	AND EMPLOYERS' LIABILITY		N	TRKUB1761B13916	7/1/2016	7/1/2017	X PER OTH-		_
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	1				E.L. EACH ACCIDENT \$ 1,000,00		
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		
Е	Pollution/	N	N	PPIG27418429001	4/10/2015	4/10/2018	\$10M Each Incident	\$ 1,000,000	
F	Environmental Liab. Excess Liab.			03089016-03	3/31/2017	3/31/2018	\$10M General Agg. \$25M xs \$25M		
TRI	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC A coverage is included in regards to Liability. P SkyHouse Nashville, LLC. 30 days notic	y poli	cies.	RE: SkyHouse Nashville - 11	1 17th Ave. South, Na:	lespace is requishville, TN 372	l vot) 203. Named Insured Include	es:	
CE	RTIFICATE HOLDER		CANCELLATION						
14649427  The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and Safety Division 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 REPRESSO ATIVE				

ACORD 25 (2016/03)

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