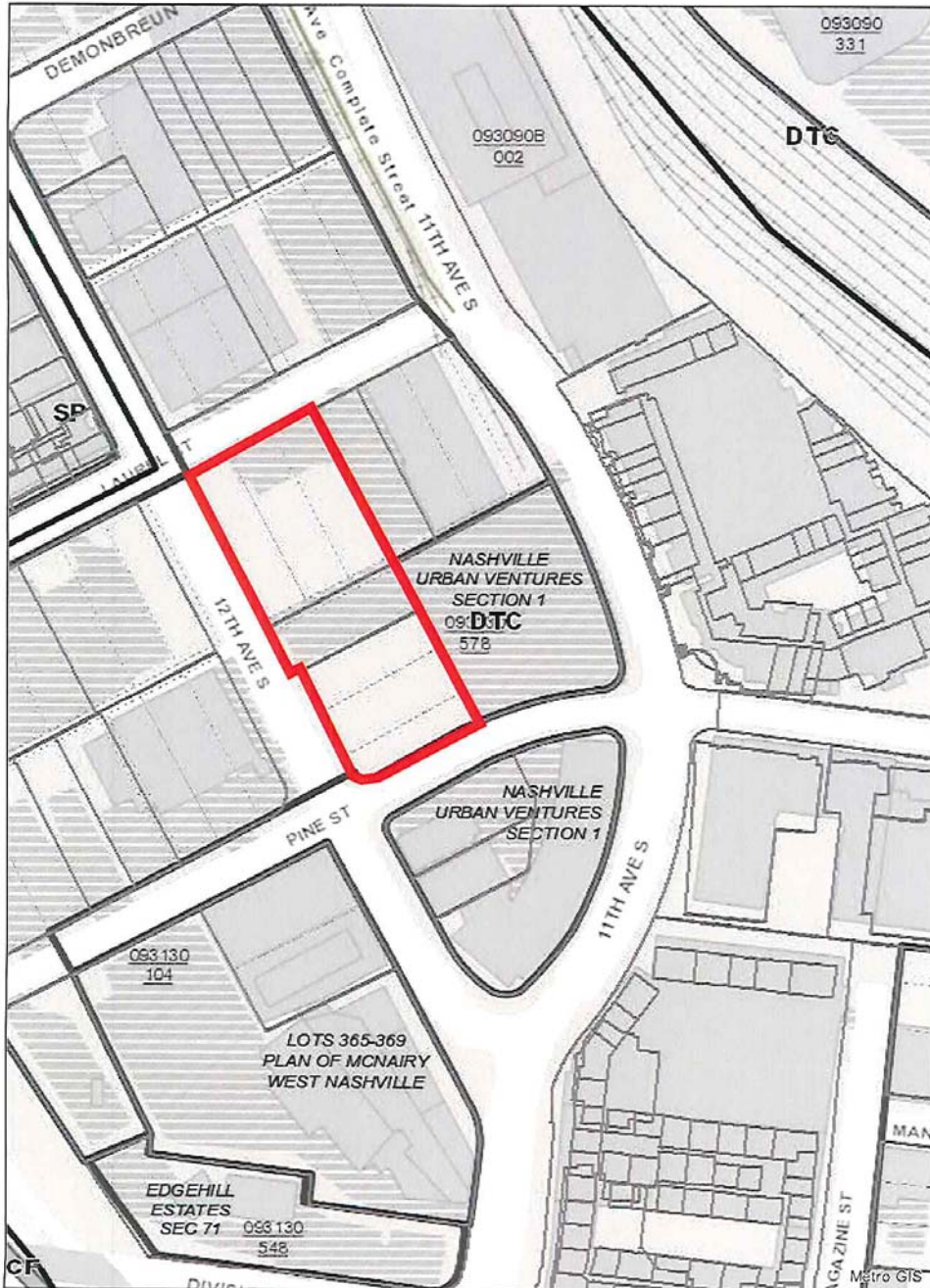


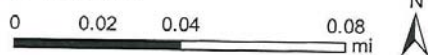
### Nashville / Davidson County Parcel Viewer

**Legend**

- Ownership
- Parcels
-  Planned Unit Development
-  Floodplain Overlay District
-  Zoning
-  PROPERTY BOUNDARY



Date: 6/5/2017



Proposal No. 2017M-035EN-001



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
2/3/2017

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).

<b>PRODUCER</b> Anderson Benson Insurance 2525 21st Avenue South Suite 200 Nashville TN 37212	<b>CONTACT NAME:</b> Linda Shafer <b>PHONE (A/C No. Ext.):</b> (615) 630-7807 <b>E-MAIL ADDRESS:</b> Linda@AndersonBenson.com	<b>FAX (A/C No.):</b> (615) 630-7801
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Twelfth Avenue Partners, LLC 1920 Adelia Street Suite 500 Nashville TN 37212	<b>INSURER A:</b> Cincinnati Insurance Company <b>NAIC #</b> 10677	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 2016.12.07 Liability      **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 WVR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ENP0364574	12/7/2016	12/7/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Hired & Non-Owned Auto \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ENP0364574	12/7/2016	12/7/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

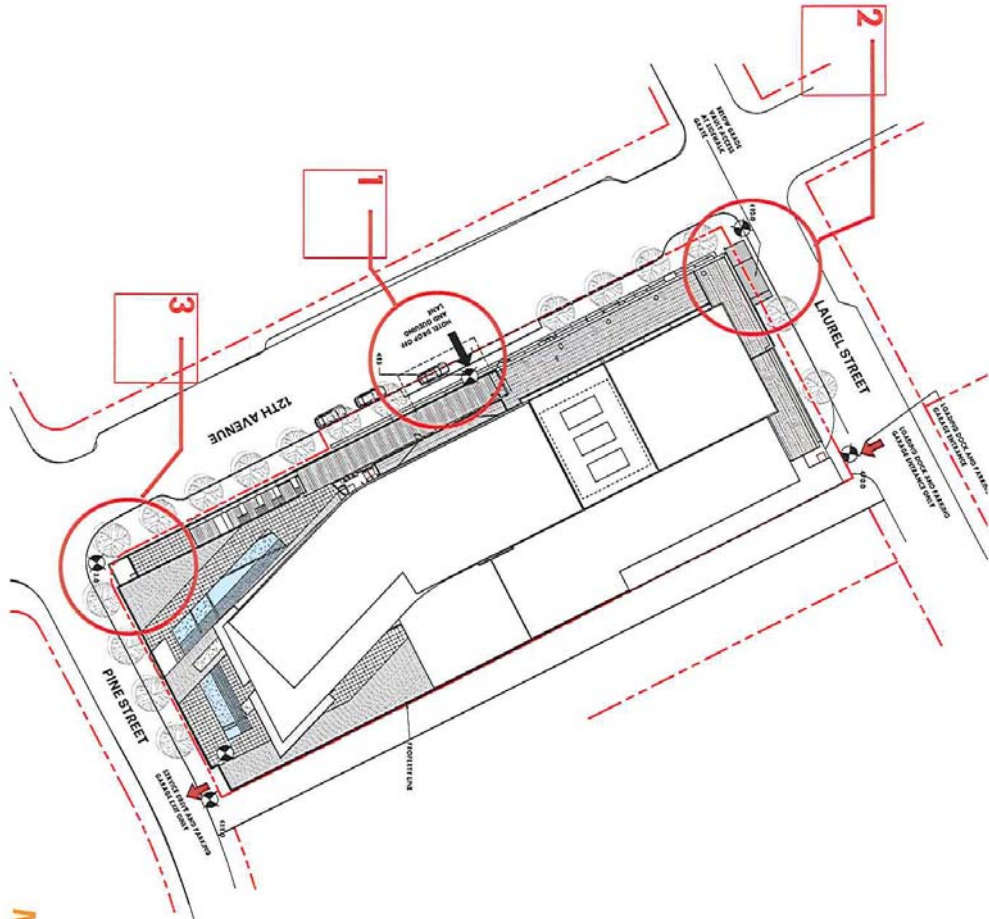
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Liability coverage for land held for development located at 1111 Laurel Street, 306 12th Ave So, and 316 12th Ave So. Contractual liability is covered when assumed in an "insured contract" as defined by the policy per form GA101 12 04. Coverage excludes any construction operations. The general liability does not contain a deductible. The attachment point of the umbrella match the underlying general liability limit and does not contain a self insured retention. This certificate holder has been endorsed to the policy and will be provided direct notice of cancellation from the carrier thirty days prior to cancellation, ten days applies to non payment of premium.

<b>CERTIFICATE HOLDER</b> The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims c/o Insurance and Safety Div 222 3rd Ave No., Ste 501 Nashville, TN 37201	<b>CANCELLATION</b> 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 George Anderson/LINDA <i>George Anderson</i>
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ACORD 25 (2014/01)  
INS025 (2014/01)

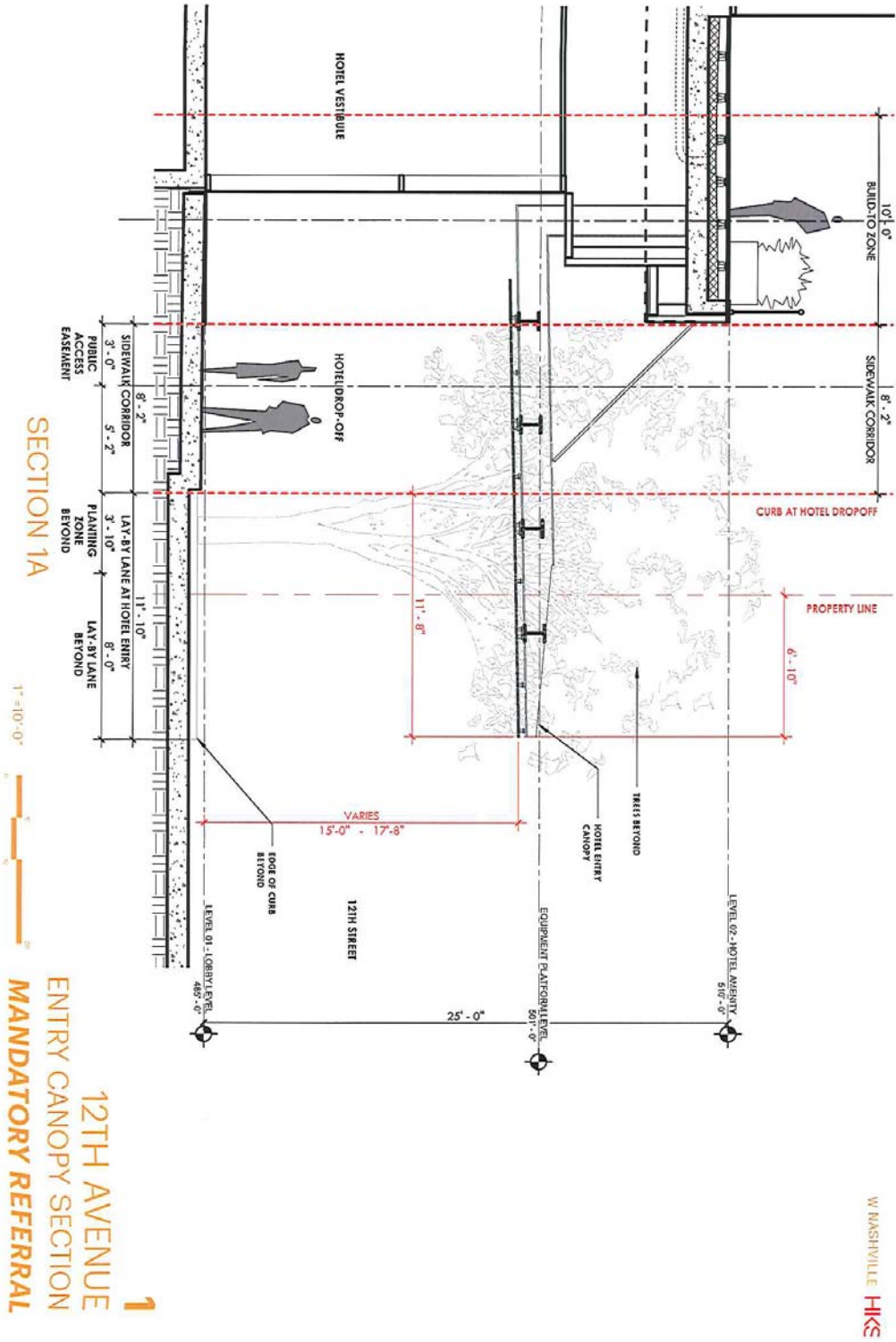
The ACORD name and logo are registered marks of ACORD

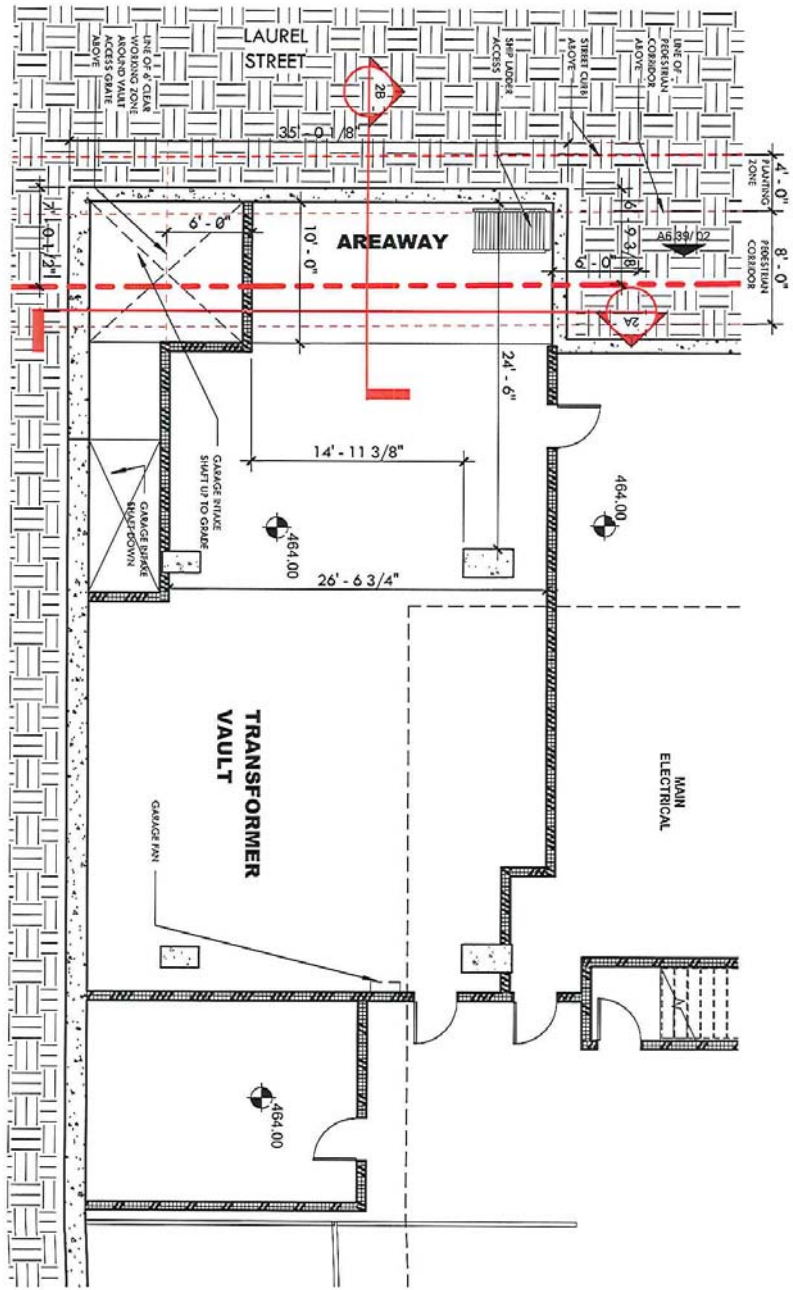


**MANDATORY REFERRAL**  
SITE PLAN

W NASHVILLE **HKS**

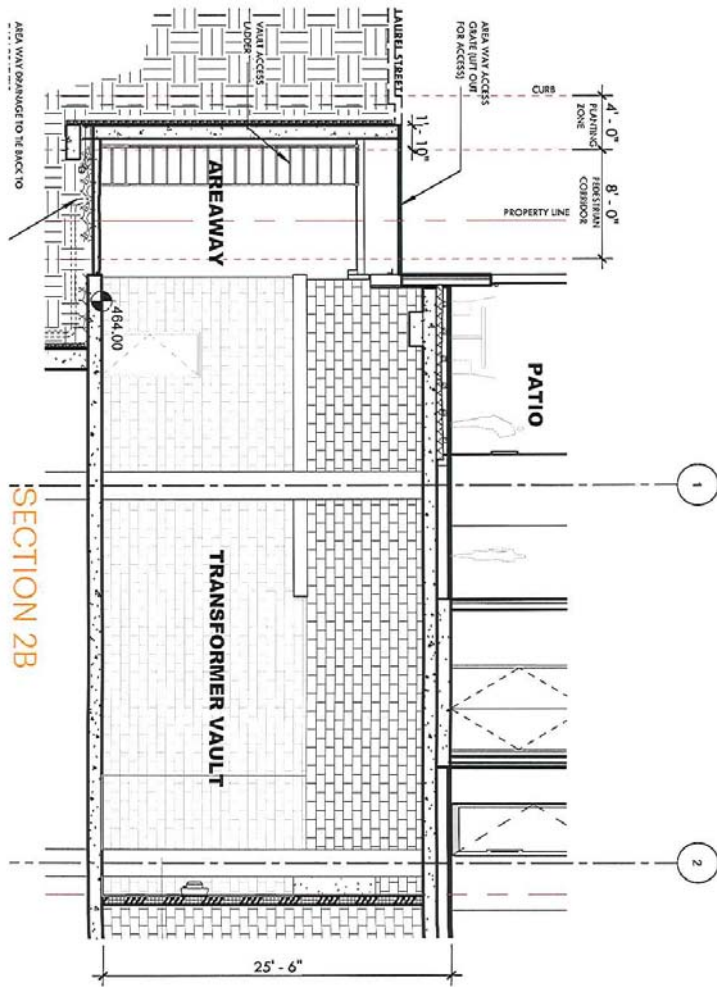






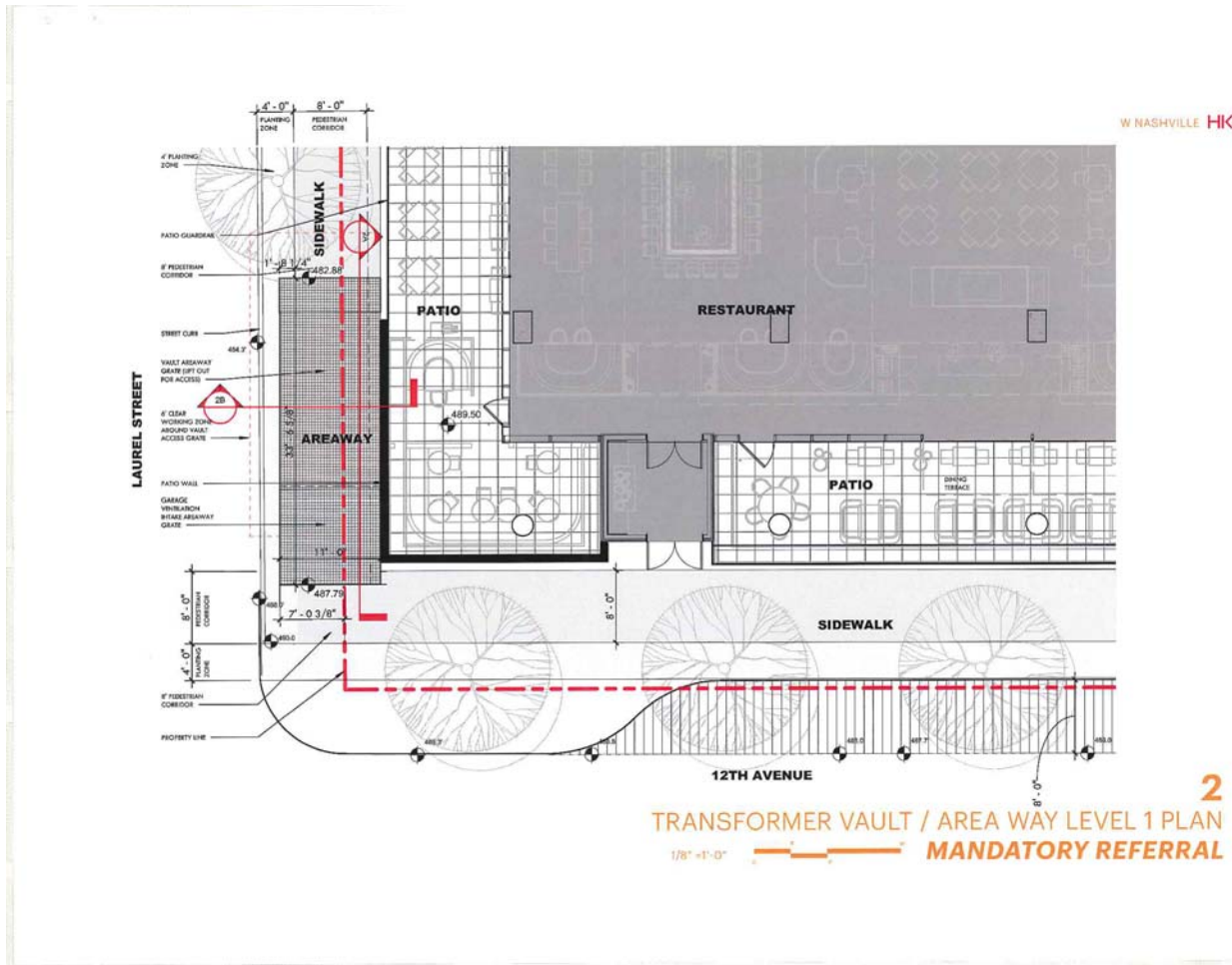
**2** TRANSFORMER VAULT / AREA WAY LEVEL B1 PLAN  
1/8" = 1'-0" MANDATORY REFERRAL

W NASHVILLE HKS



**SECTION THROUGH TRANSFORMER VAULT / AREA WAY**  
1/8" = 1'-0"  
**MANDATORY REFERRAL**

W NASHVILLE **HKS**



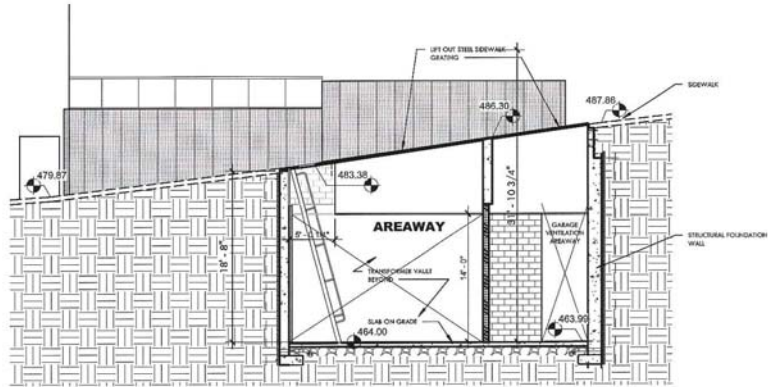
2

TRANSFORMER VAULT / AREA WAY LEVEL 1 PLAN

1/8" = 1'-0"

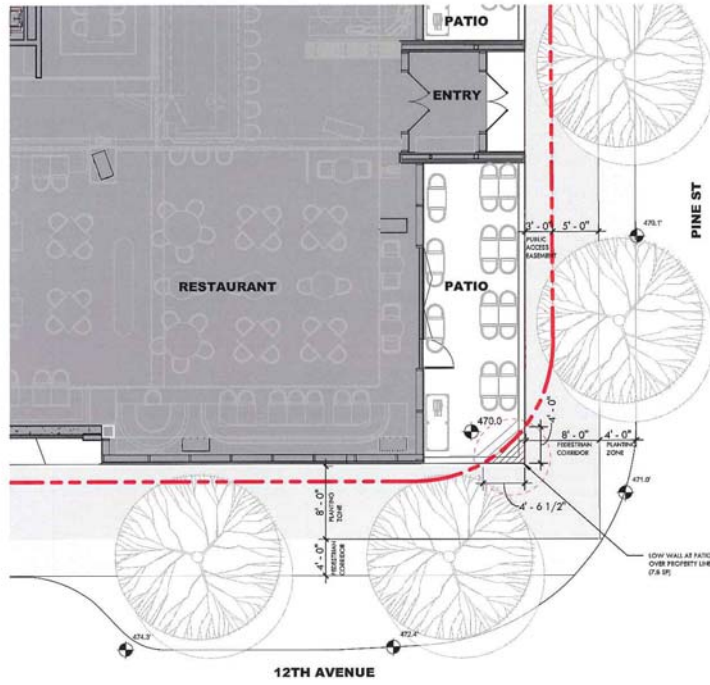
MANDATORY REFERRAL





SECTION 2A

SECTION THROUGH TRANSFORMER VAULT / AREA WAY **2**  
1/8" = 1'-0" **MANDATORY REFERRAL**



**3**  
CORNER OF 12TH & PINE- OUTDOOR DINING PLAN  
1/8" = 1'-0" **MANDATORY REFERRAL**