Proposal No. 2016M-031EN-001

CERTIFICATE OF LIABILITY INSURANCE							8/18/2016	
BE	IIS CERTIFICATE IS ISSUED AS A PERTIFICATE DOES NOT AFFIRMATION. THIS CERTIFICATE OF INSEPTEMENTATIVE OR PRODUCER, APPRESENTATIVE OR PRODUCER	VELY C	R NEGATIVELY AMEND E DOES NOT CONSTIT	D. EXTEND OR ALT	FR THE CO	VERACE AFFORDED E	Y THE DOLLOW	
IM th	PORTANT: If the certificate holder e terms and conditions of the policy, etificate holder in lieu of such endors	s an Al	DDITIONAL INSURED, the	e policy(ies) must b endorsement. A sta	e endorsed. Itement on ti	If SUBROGATION IS W	AIVED, subject to confer rights to the	
ROE	SUCER .	ement,	-7-	CONTACT Jessica	Bratz .			
lia	nt Insurance Services, Inc. B St 6th Fir			PHONE 619-849-3818 FAX No. 619-699-2104				
	Diego CA 92101							
				INSURER(S) AFFORDING COVERAGE NAICE INSURER A: Ohio Security Insurance Company 24082				
151.16	RED (SOODT	'IM 04		24082			
	-Nashville, LLC	IGOODI	IIVI-U I	INSURER B ;Ohio C:	24074			
BA	Cervesa Jack's			INSURER C:				
15	Good Time Design, LLC J St #206			INSURER 0:				
	Diego CA 92101			INSURER F :				
:01	/ERAGES CER	TIFICAT	TE NUMBER: 29262208			REVISION NUMBER:		
EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	POLICIES	S LIMITS SHOWN MAY HAV				HE POUCY PERIOD CT TO WHICH THIS O ALL THE TERMS	
씂	TYPE OF INSURANCE	ADDL SUB INSD WV	D POLICY NUMBER		POLICY EXP		S	
1	X COMMERCIAL GENERAL LIABILITY	Y	BKS57497587	8/15/2016	6/15/2017	EACH CONTRACTOR	\$1,000,000	
1	CLAIMS-MADE OCCUR		100000000000000000000000000000000000000	100000000000000000000000000000000000000	Security Security	DAMAGE TO RENTED PREMISES (Fa cocurrence)	\$500,000	
						MED EXP (Any one person)	\$	
1						PERSONAL & ADV INJURY	\$1,000,000	
	GENL AGGREGATE UMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000	
1	POUCY PRO- JECT LOC					PRODUCTS - COMPJOP AGG	\$2,000,000	
7	AUTOMOBILE LIABILITY		0.007407607	aurme	aurmer.	COMBINED SINCIPLICATE	•	
1	ANYAUTO		BAS57497587	8/15/2016	8/15/2017	COMBINED SINGLE LIMIT (En accident)	\$1,000,000	
1	ALL CHANED COLUMN					BODILY INJURY (Per person)	5	
İ	X HIRED AUTOS X NON-CONNED					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
1	1					(Per accident)	5	
В	UMERELIA LIAB X OCCUR		ESO57497587	8/15/2016	6/15/2017	EACH OCCURRENCE	\$1,000,000	
	X EXCESS LIAB CLAIMS-MADE		100 miles (100 miles (AGGREGAYE	\$1,000,000	
	DED RETENTIONS					NOONE ONLE	\$ 1,000,000	
- 1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					STATUTE SR		
-	ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED?	N/A				ELL EACH ACCIDENT	is	
- [(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	-	
_	If yes, describe under DPSCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT		
ESC	EIPTION OF OPERATIONS / LOCATIONS	PR /400	20 444 4444					
6. 5	REPTION OF OPERATIONS / LOCATIONS / VEHICL Sign for CJS-Nashville, LLC at 135	2nd Arm	a N. Nachville, The Coo.	dule, may be attached if me	re space is requi	red)		
ne i	Metropolitan Covernment of Nashvi	lie & Dr	avidean County Matro !	Lagal and Claime	o Insurance	and Safety Division is	Additional	
SUI	red as respects operations of Name	d Insur	ed as required by writte	n contract. 30 day	notice of ca	ncellation applies.	, adiovidi	
			(1)					
ER	TIFICATE HOLDER			CANCELLATION	W.			
				- ANOLLOW HON				
The Metropolitan Government of Nashville & Davidson County Metro Legal and Claims				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Metro Legal and Claims							
	Metro Legal and Claims c/o Insurance and Safety D	ivision						
	Metro Legal and Claims c/o Insurance and Safety D 222 Third Ave N Ste 501	ivision		AUTHORIZED REPRESA	ENTATIVE			
	Metro Legal and Claims c/o Insurance and Safety D	ivision			ENTATIVE			

D-16-07243





