

# Proposal No. 2016M-030EN-001



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/4/2016

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).

<b>PRODUCER</b> Johnson & Bryan, Inc. 1575 Northside Drive Bldg 100 Ste 100 Atlanta GA 30318	<b>CONTACT NAME:</b> Lore Holbrooks <b>PHONE (A/C, No, Ext):</b> (404) 351-8434 <b>FAX (A/C, No):</b> (404) 351-3923 <b>E-MAIL ADDRESS:</b> lore@j-binc.com														
<b>INSURED</b> Cusaboo Jr. Operating Company, LLC DBA The Valentine 3717 Roswell Rd. Atlanta GA 30342	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Houston Specialty Insurance Co</td> <td>12936</td> </tr> <tr> <td>INSURER B: Burlington Insurance Company</td> <td>23620</td> </tr> <tr> <td>INSURER C: Employers Preferred Ins. Co</td> <td>10346</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Houston Specialty Insurance Co	12936	INSURER B: Burlington Insurance Company	23620	INSURER C: Employers Preferred Ins. Co	10346	INSURER D:		INSURER E:		INSURER F:	
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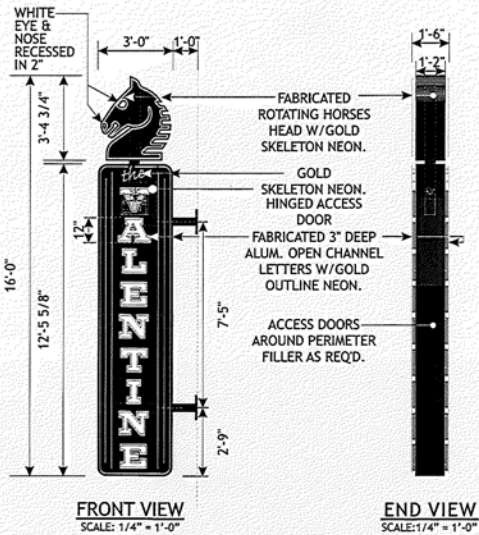
**COVERAGES**      **CERTIFICATE NUMBER: 2016-17 Master**      **REVISION NUMBER:**

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.

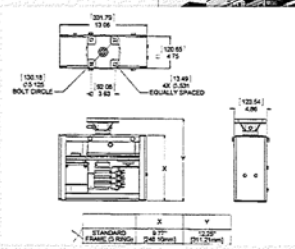
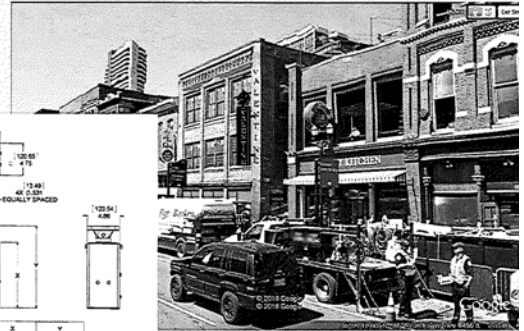
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
X	COMMERCIAL GENERAL LIABILITY																	
A	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	ROSFK100300200	5/17/2016	5/17/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$												
	AUTOMOBILE LIABILITY																	
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		ROSFK100300200	5/17/2016	5/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
X	UMBRELLA LIAB																	
B	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$		HFF0003501	5/17/2016	5/17/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$												
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/A	EIG 2364111-00	5/17/2016	5/17/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">PER STATUTE</th> <th style="width: 5%;">OTH-ER</th> <th style="width: 10%;">LIMIT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </tbody> </table>	PER STATUTE	OTH-ER	LIMIT			E.L. EACH ACCIDENT \$ 1,000,000			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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A	Liquor Liability		ROSFK100300200	5/17/2016	5/17/2017	Limit 1,000,000 Policy Aggregate 2,000,000												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Sign for The Valentine, 312 Broadway, Nashville, TN 37201. 30-D NOC. Additional Insured: The Metropolitan Government of Nashville & Davidson County c/o Insurance & Safety Division; Metro Legal Claims.

<b>CERTIFICATE HOLDER</b>  The Metropolitan Government of Nashville & Davidson County Metro Legal Claims 222 Third Ave. N. Suite 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 Jarrod Wright/HOLBRO <i>Jarrod Wright</i>
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**ELECTRICAL NOTES**  
 ELECTRICAL IN J. BOX  
 INSIDE CAB CONNECTED  
 TO PRIMARY LEADS:  
 POWER-POWER  
 NEUTRAL-NEUTRAL  
 GRND-GRND



**THE VALENTINE**

LOCATION: 312 BROADWAY  
NASHVILLE, TN

OB CONTACT: NAME PROJECT MGR: M. PRICE

DRAWING NO: 164096-M10-01

**SPECIFICATIONS & FINISHES:**  
 1. FABRICATE/INSTALL ONE(1) D/F NEON ILLUM. PROJECTING WALL SIGN AS ILLUSTRATED & SPECIFIED.

BLACK  WHITE  PMS 137 ORANGE  GOLD NEON

DESIGNED BY: R. McCORD DATE: 07-19-16

WORK ORDER NO.: 378415

PAGE 1 OF 1

**APPROVALS**  
 FOR MANUFACTURING  
 CUSTOMER:  
 INSTALLATION:  
 PROJECT MANAGER:

