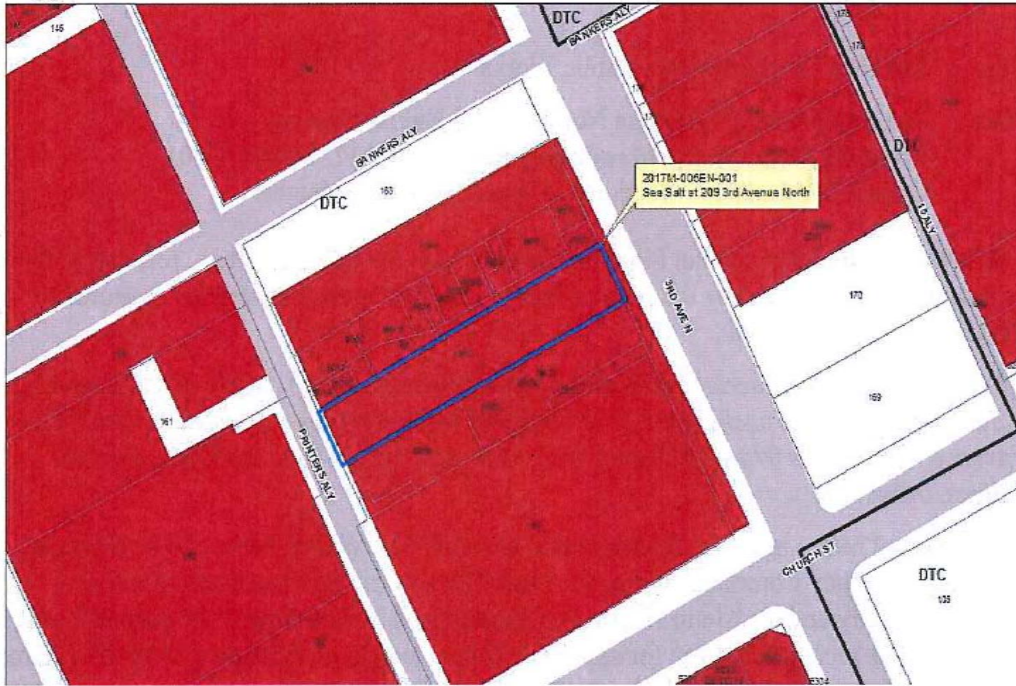


Proposal No. 2017M-006EN-001





CERTIFICATE OF LIABILITY INSURANCE

FARM2-1 OP ID: L1

DATE (MM/DD/YYYY)
12/15/2016

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).

PRODUCER Total Insurance Services, Inc. 3175 Commercial Avenue Northbrook, IL 60062-1926 John Parkhurst	CONTACT NAME: Lois L. Owen PHONE (A/C, No, Ext): 847-205-1777 E-MAIL ADDRESS: loiso@totins.com FAX (A/C, No): 847-205-1919
	INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance NAIC # 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Farm2Table LLC dab: Sea Salt 209 3rd Ave N Nashville, TN 37201	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

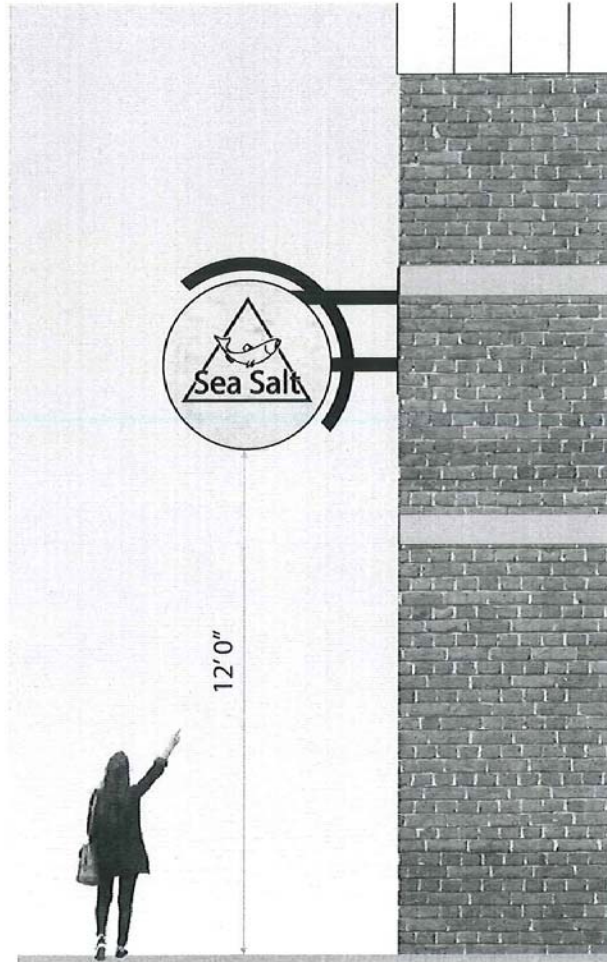
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	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 <input checked="" type="checkbox"/> Builder RiskTBR20 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	BP16030081	09/21/2016	09/21/2017	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 TBR20 \$ 1,000,000
	AUTOMOBILE LIABILITY <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 type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		X	BP16030081	09/21/2016	09/21/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			BP16030081	09/21/2016	09/21/2017	I&B/BPP 260,000 Deductibl 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and Safety Division are an additional insured in the respects to outdoor sign. Per policy provisions, the additional insured will be notified in writing if a policy listed above cancels.

CERTIFICATE HOLDER CANCELLATION

**HANGING CABINET SIGN
PROPOSED RENDERING
NOT TO SCALE**



Ortweinsign
 custom crafted branding
 2806 EAST 50TH CHATTANOOGA, TN 37407
 423.867.9208

THIS DRAWING IS AN APPROXIMATE RENDERING AND NOT TO SCALE. THE CLIENT IS RESPONSIBLE FOR VERIFYING ALL DIMENSIONS AND MATERIALS BEFORE PRODUCTION.

CLIENT



S/F	NEON FILL	
D/F	X LED FILL	X
ILLUM	X LAMP FILL	
NON-ILLUM	ART FORM HOIDS	

SCALE NOT TO SCALE

QTY: 1

NOTES

Produce and install double sided hanging cabinet sign.
 LED illumination w/ remote power supplies.
 Black returns, black trim cap and black frame. White acrylic faces with translucent vinyl graphics.

- Black returns, trim & frame
- White plex



ORTWEIN SIGN COMPANY IS NOT RESPONSIBLE FOR ANY DAMAGE TO PROPERTY OR PERSONS ARISING FROM THE USE OF THIS SIGN. THE CLIENT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM LOCAL, STATE AND FEDERAL AUTHORITIES BEFORE INSTALLATION.

CUSTOMER APPROVAL	DATE	DESIGNER	SALES REP	FILE	SeaSalt_HangingCabinet_111116_C.cdr
		JW	MA		

PROJECT#
0017001

FRONT VIEW

SECTION A-A
 (1 FLOORING PLATE 12" x 24" x 1/2" REQUIRED
 BEHIND WALL FOR MOUNT FOR A TOTAL OF 1 BLOCKING PLATE)

NOTES

1. THE DESIGN, FABRICATION AND CONSTRUCTION SHALL CONFORM TO THE FOLLOWING CODES AND SPECIFICATIONS: THE 2012 INTERNATIONAL BUILDING CODE, THE AMERICAN INSTITUTE OF STEEL CONSTRUCTION (MANUAL OF STEEL CONSTRUCTION, 9TH EDITION), THE AMERICAN WELDING SOCIETY (AWS D1.1-10), THE AMERICAN CONCRETE INSTITUTE BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE (ACI 308R), THE SPECIFICATIONS FOR ALUMINUM STRUCTURES BY THE ALUMINUM ASSOCIATION (CURRENT EDITION)
2. STRUCTURAL STEEL REQUIREMENTS: PLATES, ROLLED SHAPES AND BARS SHALL BE ASTM A36 (OR EQUAL). STANDARD PIPE SHALL BE ASTM A53, GRADE B (OR BETTER, F75 STD). STRUCTURAL TUBING SHALL BE ASTM A500, GRADE B (OR BETTER, F44 AISI). ALL BOLTED CONNECTIONS SHALL BE MADE WITH ASTM A325 BOLTS (OR EQUIV WITH FLAT WASHERS (UNLESS NOTED OTHERWISE)). ALL FASTENERS TO BE NON-CORROSIVE. ALL STRUCTURAL STEEL SHALL BE SHOP PRIME COATED WITH A RUST INHIBITIVE PRIMER AND FINISH PAINTED AS APPROVED BY OWNER. SURFACE PREPARATION SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS. FIELD CONNECTIONS AND DAMAGED OR ABRADED AREAS OF PROTECTIVE COATINGS SHALL BE TOUCH UP PAINTED WITH COMPATIBLE MATERIAL. ALL STEEL, SUBJECT TO DIRECT CONTACT WITH EARTH SHALL BE BITUMASTIC (OR EQUAL) COATED (IF NOT SUBJECT TO SIGNATURE AND CAPROASTIC (OR EQUAL) COATED (IF SUBJECT TO SIGNATURE) IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS. ALL WELDS SHALL BE MADE WITH E70XX (ELECTRODE) E80XX. ALL FIELD WELDS SHALL COMPLY WITH AWS CODE FOR PROCEDURES, APPEARANCE, AND QUALITY OF WELDS. ALL WELDERS AND WELDING PROCESSES SHALL BE QUALIFIED IN ACCORDANCE WITH AWS STANDARD QUALIFICATION PROCEDURES.
3. ALL FERROUS TO NONFERROUS SURFACES SHALL BE SEPARATED BY 30R355 POLYESTER CLEAR TAPE (OR EQUAL).
4. THE ELECTRICAL INSTALLATION SHALL BE IN CONFORMANCE WITH THE NATIONAL ELECTRICAL CODE AND ALL REQUIREMENTS OF THE LOCAL GOVERNMENT AUTHORITY.
5. THE DESIGN WIND SPEED IS 15 MPH PER ASCE 7-10 WITH "C" EXPOSURE RESULTING IN A DESIGN PRESSURE OF 23.78 PSF AT A HEIGHT OF 20'-0" ABOVE GRADE.
6. THE CUSTOMER'S BUILDING ENGINEER IS TO DETERMINE IF THE BUILDING STRUCTURE WILL SUPPORT THE SIGN. THE CUSTOMER SHALL SUPPLY ANY ADDITIONAL STRUCTURE REQUIRED.
7. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS IN THE FIELD AND NOTIFY THE ENGINEER OF ANY DISCREPANCIES.
8. ENGINEER'S SEAL IS APPLICABLE TO THE WALL ATTACHMENT DESIGN ONLY.
9. SIGNAGE IS UL LISTED. SIGNAGE IS MANUFACTURED IN CONFORMANCE NEC 603. SIGNAGE IS MOUNTED IN CONFORMANCE WITH NEC 250. ONE VISIBLE 20 AMP DISCONNECT IS REQUIRED PER CIRCUIT.
10. MAXIMUM UNIT HEIGHT IS 20'-0" ABOVE GRADE.

Glenn T. Tisdole, P.E.
 STATE OF TENNESSEE
 License No. 00106270

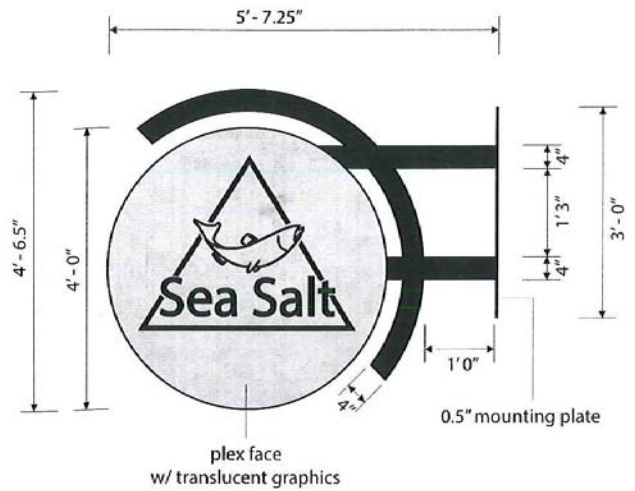
ORTWEIN SIGN
 2806 EAST 50TH STREET
 CHATTANOOGA, TN 37407
 BLADE SIGN
 SEA SALT - 209 3RD AVENUE NORTH- NASHVILLE, TN

designFirst, Inc.
 P.O. BOX 9355
 BIRMINGHAM, AL 35216
 (205) 793-9256

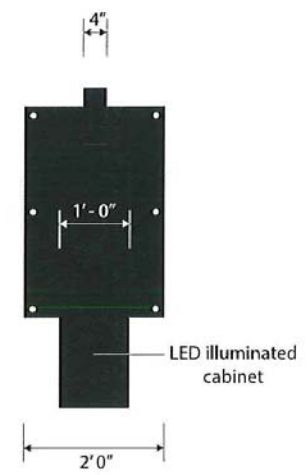
CAD: GT
 SCALE: 3/8" = 1"
 DATE: 01/25/17
 SHT. NO.: 1 OF 1
 DWG. NO.: 0017001S1

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FRONT VIEW: HANGING CABINET SIGN



SIDE VIEW: HANGING CABINET SIGN



Ortweinsign
 custom oral branding
 2806 EAST 50TH CHATTANOOGA, TN 37407
 423.867.9208

FOR OTHER COUNTRIES, PLEASE CONTACT US AT: 423.867.9208
 PLEASE CONTACT US FOR QUOTES AND ORDER INFORMATION
 OFFICE AND TRAVEL EXPENSES ARE NOT INCLUDED

CLIENT



S/F	NEON FILL	
D/F	LED FILL	X
ILLUM	LAMP FILL	X
NON-ILLUM	ARE FROM HOLDS	

SCALE 1/2" = 1'

QTY: 1

NOTES

Produce and install double sided hanging cabinet sign.
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CUSTOMER APPROVAL	DATE	DESIGNER	SALES REP	FILE	SeaSalt_HangingCabinet_111116_C.cdr
		JW	MA		

OUR PRODUCTS ARE APPROVED BY UL LISTED TO OUR SPECIFICATIONS
 THESE LISTINGS REQUIRE THE FOLLOWING INFORMATION:
 1. LISTING AGENCY APPROVAL OF THE PRODUCT DESIGN
 2. LISTING AGENCY APPROVAL OF THE PRODUCT CONSTRUCTION