${\bf Proposal~No.~2017M\text{-}007EN\text{-}001}$





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2017

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

PRODUCER MJC Insurance Group						CONTACT Leon Wright PHONE (A/C, No, Extt): (615) 873-1988 (A/C, No): (615) 970-6363				
0.50.50					ADDRE	33, 100111119				
Nashville TN 37203						INSURER(S) AFFORDING COVERAGE NAIC #				
IN 37203								17159		
Nashville Riverfront Lofts					INSURER B:					
112 2nd Ave N Nashville TN 37201 COVERAGES CERTIFICATE NUMBER:					INSURE	51/51/5/5/				
					INSURE					
					INSURER E :					
					INSURER F:					
	IS TO CERTIFY THAT THE POLICIES				AVE DE	N ICCUES TO	THE MINIS	REVISION NUMBER:		
CERT	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	PERT	AIN, CIES.	THE INSURANCE AFFOR	DED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPECT TO	WHICH TH	
R	TYPE OF INSURANCE	INSD	SUBRI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
X	COMMERCIAL GENERAL LIABILITY		1170				(MINIOCITYTY)	EACH OCCURRENCE s 1.0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) s 100		
						02/03/2016	02/03/2017	MED EXP (Any one person) \$ 5.0		
		x		CIP213988					00,000	
GE	N'L AGGREGATE LIMIT APPLIES PER:								00,000	
	POLICY PRO- LOC									
-	OTHER:							PRODUCTS - COMP/OP AGG S Incl	udeu	
AU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
-	ANY AUTO							(Es accident)		
	ALLOWNED SCHEDULED							BODILY INJURY (Per person) \$		
	ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
-								PROPERTY DAMAGE \$ (Per accident)		
+	UMBRELLA LIAB OCCUP				_			s		
-								EACH OCCURRENCE \$		
-	CCAIMS-IMADE							AGGREGATE \$		
wo	DED RETENTIONS RKERS COMPENSATION							PER OYH-		
AND EMPLOYERS 'LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								PER OYH- STATUTE ER		
								E.L. EACH ACCIDENT \$		
								E.L. DISEASE - EA EMPLOYEE \$		
DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
nnkee nnkee te: Sig	TION OF OPERATIONS / LOCATIONS / VEHICL pers Liability/Aggregate: \$10,000 \$3 pers Liability/Each Occurrence: \$1,0 pn for Nashville Riverfront Lofts, 112 c/o Insurance and Safety Division is	250 de 100 2nd A	educt	ible per loss ., Nashville, TN 37201. 1	he Metro	opolitan Gove	rnment of Na	shville & Davidson County, Metro) Legal and	
ERT	FICATE HOLDER				CANC	ELLATION				
-1111	TOTAL TIOLDER				CANC	ELLATION				
Metropolitan Govt of Nashville and Davidson County					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE						
	Metro Legal and Claims c/o 222 3rd Ave N, Ste 501	Insura	ince a	and Safety Division	AUTHO	RIZED REPRESE	NTATIVE			

ACORD 25 (2014/01)

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