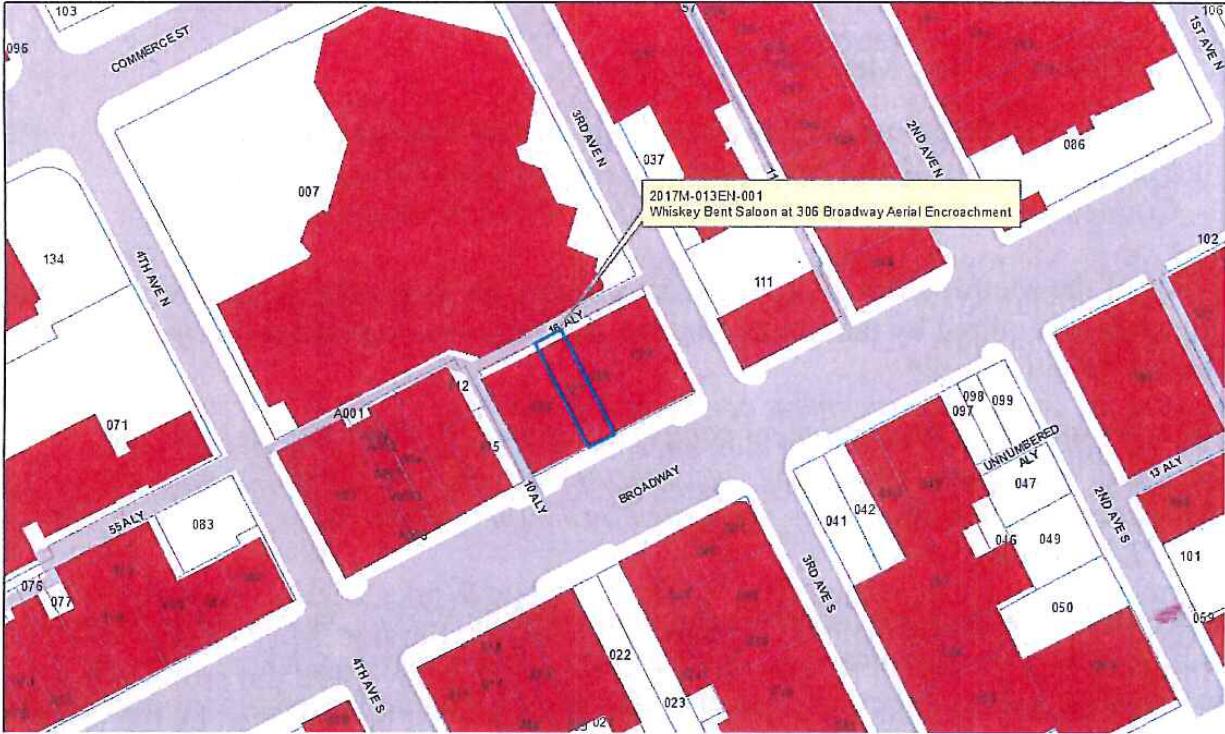


Proposal No. 2017M-013EN-001





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2017

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).

PRODUCER Anderson Benson Insurance 2525 21st Avenue South Suite 200 Nashville TN 37212	CONTACT NAME: Ashley Alexander PHONE (A/C, No, Ext): (615) 630-7800 FAX (A/C, No): (615) 630-7801 E-MAIL ADDRESS: ashley@andersonbenson.com														
INSURED Whiskey Bent Saloon, LLC c/o Cumberland Hospitality Group 2607 Crump Drive, 2nd Floor Nashville TN 37214	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hudson Specialty Insurance Company</td> <td>37079</td> </tr> <tr> <td>INSURER B: BusinessFirst Insurance Company</td> <td>11697</td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hudson Specialty Insurance Company	37079	INSURER B: BusinessFirst Insurance Company	11697	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 16.17 Master COI **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BSQM03690	6/19/2016	6/19/2017	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 - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 <input type="checkbox"/> N/A	521-09013	7/23/2016	7/23/2017	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

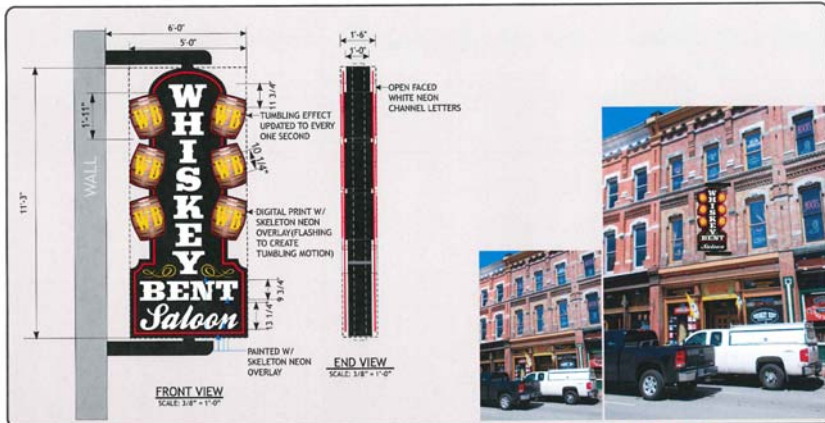
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Sign for Whiskey Bent Saloon, LLC 306 Broadway, Nashville, TN 37201

Policies referenced here are available within fifteen business days of written request with permission of the first named insured.

The Metropolitan Government of Nashville & Davidson County, Metro Legal and Claims c/o Insurance and Safety Division is an additional insured under general liability.

CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims c/o Ins. and Safety Division 222 3rd Ave N, Ste 501 Nashville, TN 37201	CANCELLATION 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 Steve Buzzell/LINDA
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WHISKEY BENT SALOON		SPECIFICATIONS & FINISHES:		APPROVALS		JOSLIN AND SON SIGNS 630 MURFREESBORO ROAD, NASHVILLE, TN 37210 (615) 261-3481 (615) 680-6665
LOCATION:	WHISKEY BENT 306 BROADWAY - NASHVILLE, TN	FABRICATE/INSTALL ONE(1) DF BLADE SIGN WITH OPEN FACE CHANNEL LETTERS AND SKELETON NEON AS ILLUSTRATED AND SPECIFIED.		DESIGNED BY:	A. TORRESON 04-20-15	
JOB CONTACT NAME:	BOBBY			PROW CHECK NO.:	XXXXXX	
DRAWING NO.:	152843-B10-01	NOVAL FOLD NEON RUBY RED NEON PWS 116 PWS 186 WHITE BLACK		POSITION:		
				PROJECT NUMBER:		

