Proposal No. 2017M-016EN-001

								DATE	(MM/DD/YYYY)
ACORD	CEF	ERTIFICATE OF LIABILITY INSURANCE					E	1/24/2017	
CERTIFICATE DOES N	OT AFFIRMATIVE	LY OF	OF INFORMATION ONLY R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTEND O	R ALTI	R THE CO	VERAGE AFFORDE	D BY TH	E POLICIES
If SUBROGATION IS WA	AIVED, subject to	the ter	DITIONAL INSURED, the ms and conditions of the	policy, cert	ain poli	cies may rec			
this certificate does not PRODUCER	confer rights to the	ne cert	ificate holder in lieu of su	CONTACT NAME:	ment(s)				
Arthur J. Gallagher Risk Management Services, Inc. 5500 Maryland Way, Suite 330 Brentwood TN 37027				PHONE (AIC, No, Ext): 615-661-7500 FAX (AIC, No): 615-377-5101 E-MAIL ADDRESS:					
				ADDITION.	INS	URER(S) AFFOR	DING COVERAGE		NAIC#
							24112		
INSURED PINNHOS-02 Pinnacle 4th & Peabody, LLC 415 4th Avenue South				INSURER B : Eastern Alliance Insurance Company INSURER C :				10724	
lashville, TN 37201				INSURER D:					
				INSURER E :					-
COVERAGES	CERTIE	ICATE	NUMBER: 198706572	INSURER F :			REVISION NUMBER	p.	
THIS IS TO CERTIFY THA INDICATED. NOTWITHST CERTIFICATE MAY BE IS	T THE POLICIES OF ANDING ANY REQU SUED OR MAY PER	F INSUI JIREME RTAIN,	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEEN ISS OF ANY COI ED BY THE	NTRACT	OR OTHER IS DESCRIBED	D NAMED ABOVE FO DOCUMENT WITH RE D HEREIN IS SUBJECT	OR THE PO	WHICH THIS
NSR TYPE OF INSUI	AD.	DL SUBR			ICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		Y	BOP5921462		5/26/2016	5/26/2017	EACH OCCURRENCE \$1,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$100.00		
							MED EXP (Any one persor		
							PERSONAL & ADV INJUR	\$1,000	0.000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000		0.000
X POLICY PRO- JECT OTHER:	Loc						PRODUCTS - COMP/OP /	\$	0,000
A AUTOMOBILE LIABILITY X ANY AUTO OWNED SCHEDULED		Y	BOP5921462	5/26/	5/26/2016	5/26/2017	COMBINED SINGLE LIMIT (Ea accident)		
							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	s s	
							(Per accident)	\$	
A X UMBRELLA LIAB	X OCCUR	Y	BOP5921462	5/26/	2016	5/26/2017	EACH OCCURRENCE	\$10,0	00,000
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$10.0	00,000
DED RETENTION							1000	\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILIT	Y Y/N	Y	000006880	5/26/	2016	5/26/2017	X PER OT STATUTE	rH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?		A					E.L. EACH ACCIDENT	\$500,	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO		
DESCRIPTION OF OPERATI	ONS DEIDW						E.L. DISEASE - POLICY L	IMIT \$500,	300
			o 101, Additional Remarks Schedu Davidson County are a				red)		
CERTIFICATE HOLDER				CANCELL	MOITA				
808 000	ille and Davidson	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
222 3rd Aveni Nashville TN 3		AUTHORIZED REPRESENTATIVE							
ACORD 25 (2016/03)	1	The A	CORD name and logo ar	e registered	© 198 d marks	of ACORD	ORD CORPORATIO	N. All rig	hts reserve

D-17-07595



