

Proposal No. 2017M-021EN-001





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/17/2017

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 have ADDITIONAL INSURED provisions or 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  
Aon Risk Services Central, Inc.  
Chicago IL Office  
200 East Randolph  
Chicago IL 60601 USA

CONTACT NAME  
PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): 800-363-0105  
EMAIL ADDRESS:

INSURED  
SP Plus Corporation  
Standard Parking Corporation  
200 E Randolph Street, Suite 7700  
Chicago IL 60601 USA

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: XL Insurance America Inc	24554
INSURER B: XL Specialty Insurance Co	37885
INSURER C: Greenwich Insurance Company	22322
INSURER D: Great American Insurance Co.	16691
INSURER E: Commerce & Industry Ins Co	19610
INSURER F: Federal Insurance Company	20281

COVERAGES CERTIFICATE NUMBER: 570065290351 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. Limits shown are as requested

INSR. LINE	TYPE OF INSURANCE	ADD'L SUBR. (INSR) (WCO)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		RGE3001209 SIR applies per policy terms & conditions	01/01/2017	01/01/2018	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$2,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$15,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> CHL \$5,000 SIR <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		RAD9437820 AOS	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Per accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Garagekeepers Limit \$3,000,000
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$25,000		19452258	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/REMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	RWD3001210 AOS RWR3001211 RETRO	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE-BA EMPLOYEE \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000
D	Misc Liab Cvg		SAAS0414480100 Crime SAAS0414490100 Crime XS	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> OCCURRENCE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Location No. 64274. Insurance charges will include all applicable premiums and costs, as well as retained exposure charges established by the Named Insured.

### CERTIFICATE HOLDER

The Metropolitan Government of Nashville and Davidson County  
Metro Legal & Claims  
c/o Insurance and Safety Division  
222 3rd Avenue North, Ste. 501  
Nashville TN 37201 USA

### 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

*Aon Risk Services Central Inc.*

Holder Identifier: 64274

Certificate No.: 570065290351

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ACORD 25 (2016/03)

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**Side 1:**

**Side 2:**

**PROJECTION SIGN**

**UPPER CABINET:**  
 "5th Avenue" to be white push-through letters, internally illuminated.

**LOWER CABINETS:**  
 "Parking" and "SP+"  
 - Face: White with Reverse-Cut Black Vinyl  
 (SP+ Logo in Red and Yellow Vinyl)

Nashville Regional Office  
 2210 Dorn Avenue  
 Nashville, TN 37211  
 615-255-5523  
 Fax: 615-244-9523

SIGN ELEVATION EXHIBIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Date: \_\_\_\_\_

Scale: \_\_\_\_\_

Notes: \_\_\_\_\_