

Proposal No. 2017M-037EN-001

Client#: 13011

EAKIPAR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2017

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 The Crichton Group 3011 Armory Drive Suite 250 615-383-9761 Nashville, TN 37204	CONTACT NAME: Melissa Wilder PHONE (A/C, No, Ext): 615-986-6116 FAX (A/C, No): 615-514-5720 E-MAIL ADDRESS: mwilder@thecrichtongroup.com														
INSURED Eakin Partners, LLC 1201 Demonbreun Street, Ste 1400 Nashville, TN 37203	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Underwriters Insurance</td> <td>30104</td> </tr> <tr> <td>INSURER B: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C: Sentinel Insurance Company</td> <td>11000</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: Hartford Underwriters Insurance	30104	INSURER B: Federal Insurance Company	20281	INSURER C: Sentinel Insurance Company	11000	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hartford Underwriters Insurance	30104														
INSURER B: Federal Insurance Company	20281														
INSURER C: Sentinel Insurance Company	11000														
INSURER D:															
INSURER E:															
INSURER F:															

INSR LTR	TYPE OF INSURANCE	ADDSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		20UUNAP5917	12/01/2016	12/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		20UUNAP5917	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		79883409	12/01/2016	12/01/2017	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$
C	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 N N/A	20WEAL7832	12/01/2016	12/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Garagekeepers Legal Liability		20UUNAP5917	12/01/2016	12/01/2017	\$1,000,000 Limit with \$500 Comp/\$500 Coll Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Full Certificate Holder Clause:
 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

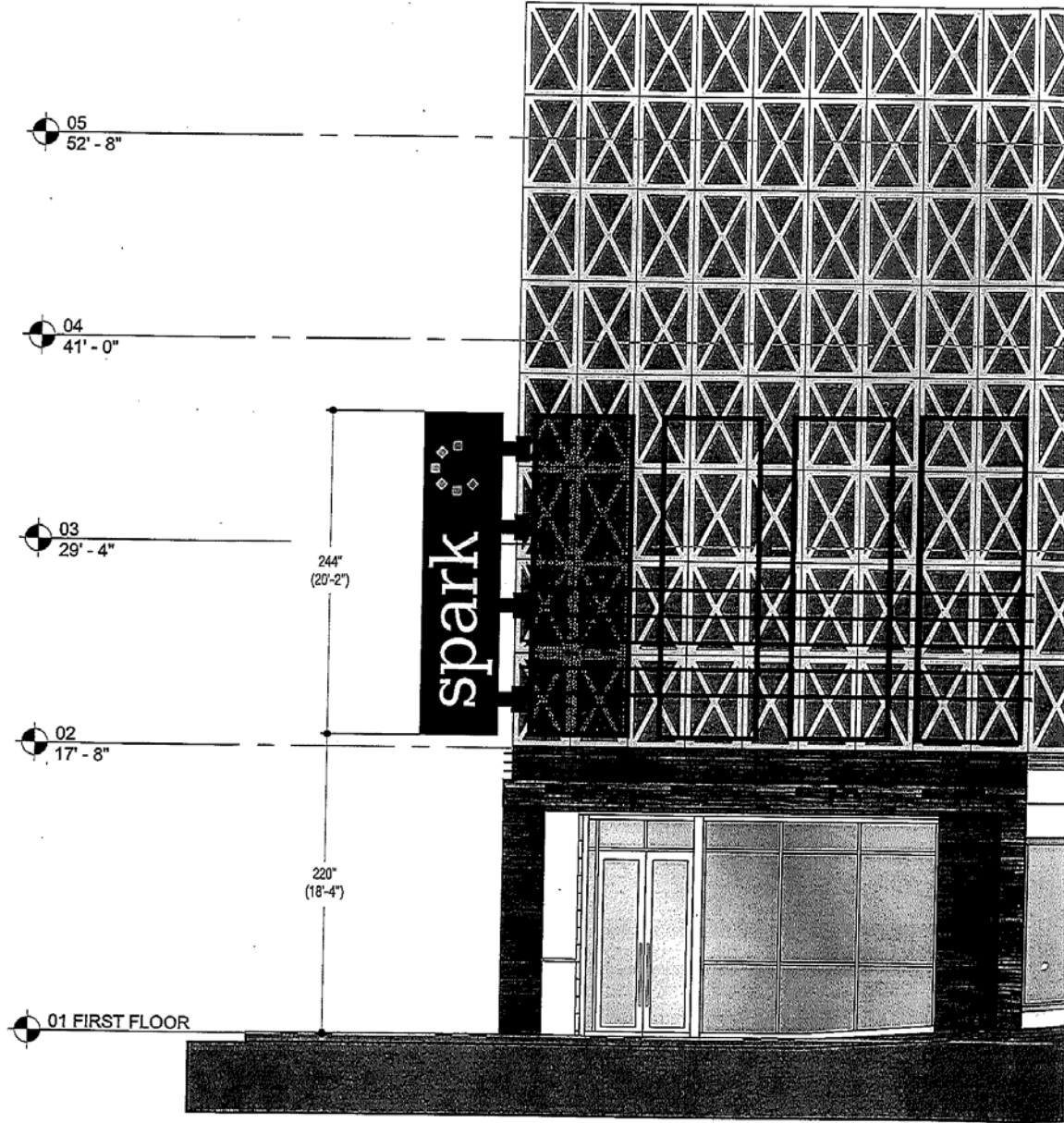
CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson County 222 3rd Avenue North, Ste #501 Nashville, TN 37201 (see below for full clause)	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

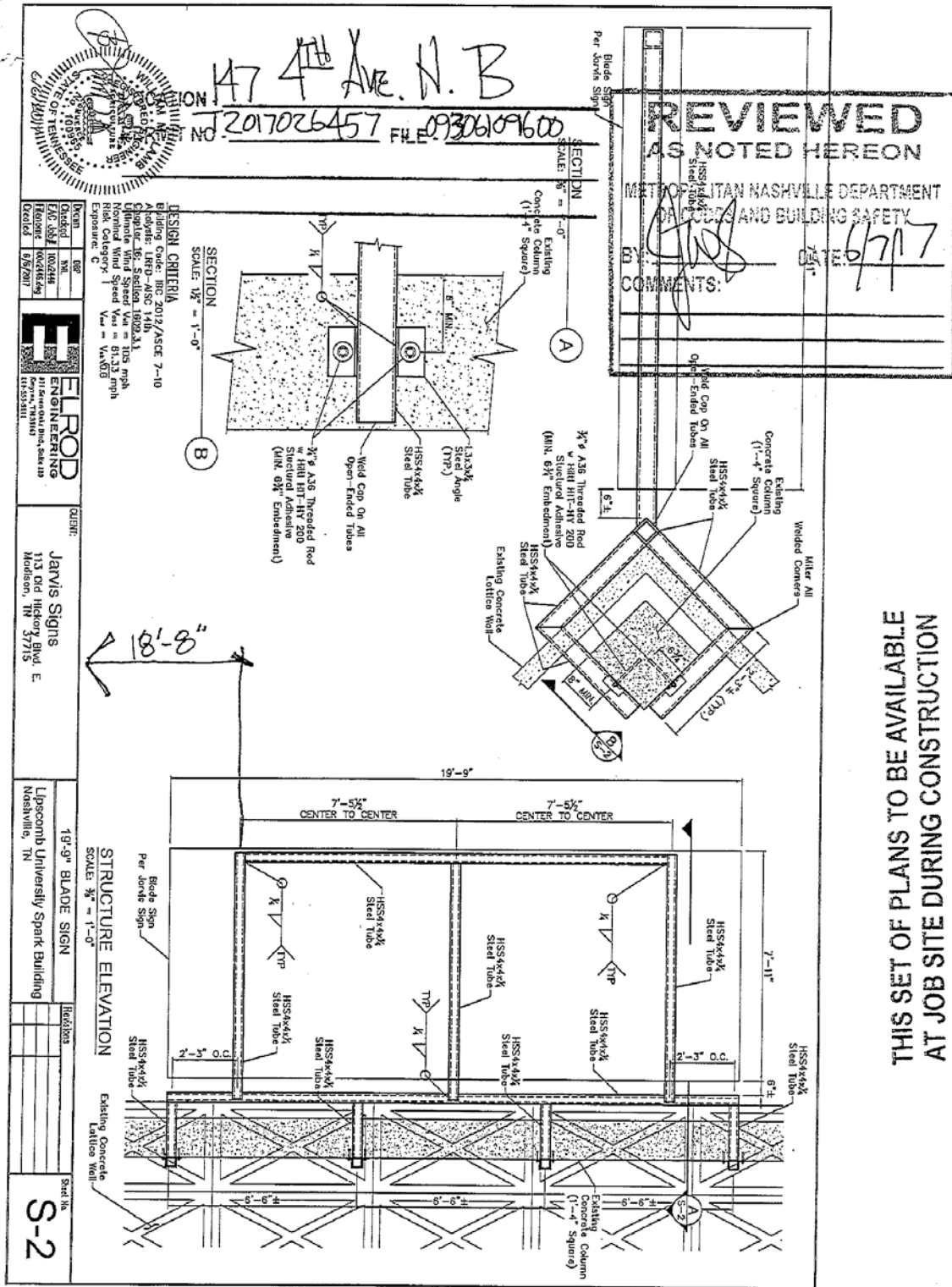
© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05) 1 of 1
 #S563102/M488265

The ACORD name and logo are registered marks of ACORD

MWX





REVIEWED
AS NOTED HEREON

METROPOLITAN NASHVILLE DEPARTMENT
OF PUBLIC SAFETY AND BUILDING SAFETY

6/7/17

COMMENTS:

DESIGN CRITERIA
Building Code: IRC 2012/ASCE 7-10
Seismic: ASCE 7-10
Wind: ASCE 7-10
Ultimate Wind Speed $V_w = 110$ mph
Normal Wind Speed $V_w = 61.33$ mph
Risk Category: I
Exposure: C

ELI ROD
ENGINEERING
Professional Engineer
No. 37718

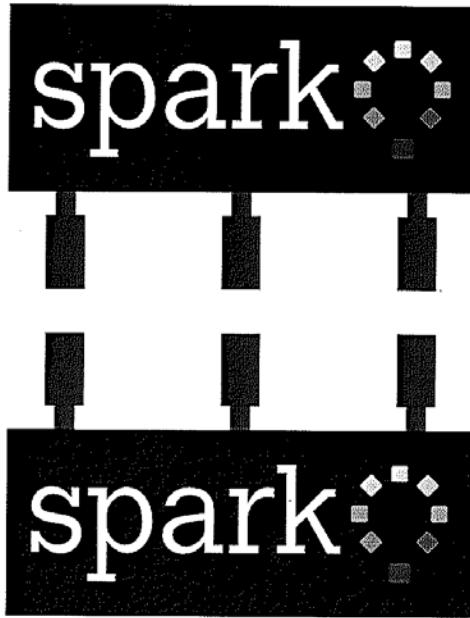
Jarvis Signs
113 Old Hickory Blvd. E
Madison, TN 37115

19'-9" BLADE SIGN
Lipcomb University Spark Building
Nashville, TN

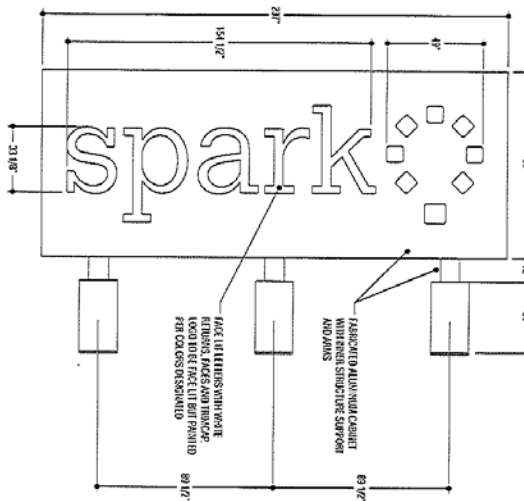
Headlines

S-2

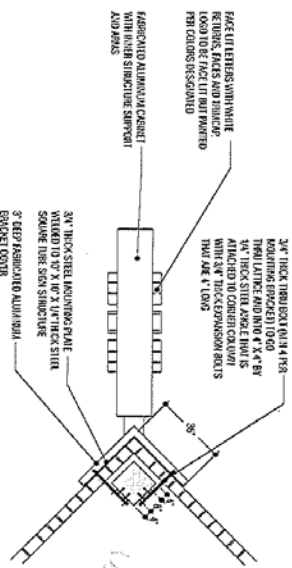
THIS SET OF PLANS TO BE AVAILABLE
AT JOB SITE DURING CONSTRUCTION



① BLADE SIGN - 07/14
SCALE: 1/8"=1'



② BLADE SIGN - 07/14
SCALE: 1/8"=1'



③ BLADE SIGN - TOP VIEW
SCALE: 1/8"=1'

NOTE: 27TV AND NO PHOTOCELL FOR SIGN



113 Old Hickory Blvd East
Madison, TN 37115
Tel: 615-865-6062
Fax: 615-865-6083
www.jetavisigns.com

Customer:
LIPSCOMB UNIVERSITY
SPARK BUILDING

Date:
11/16/16

Sign Type:
BMI

Revisions:
In Date

File Location:
JFC DESIGN\SS\SPARK\SPARK BLADE
SIGN.DWG

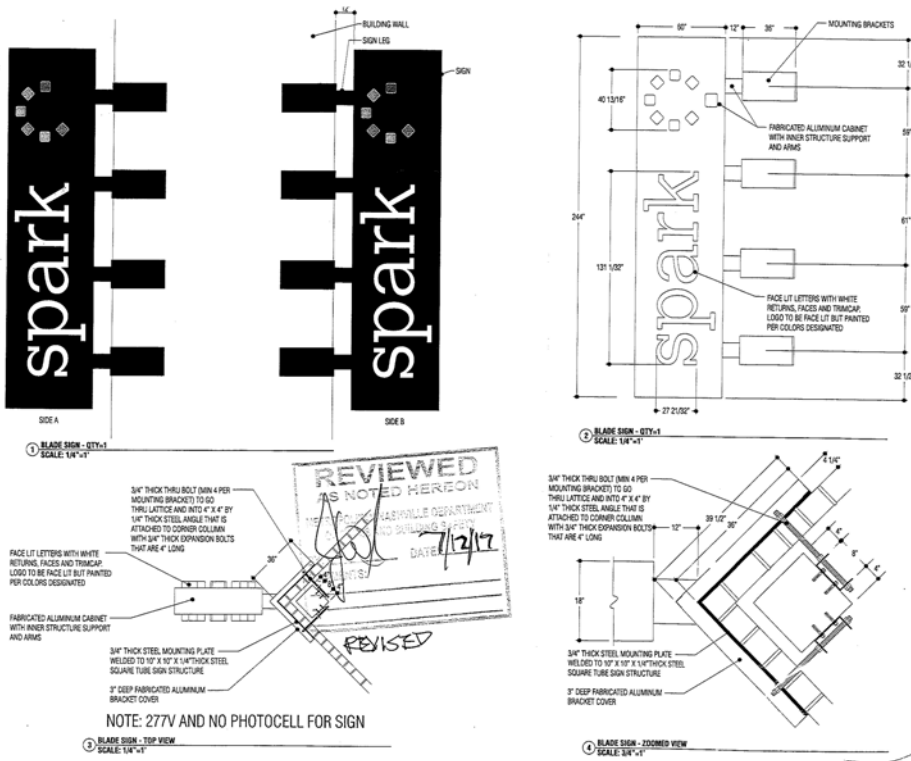
Drawn By:
J.PUENRE

SCALE: 3/8"=1'

Page No.:
SG.1

This Document is the exclusive property of Jetavis Environmental Graphics which is a division of Jetavis Signs Incorporated. It is not to be reproduced, copied, modified, or used in any way without the express written consent of Jetavis Environmental Graphics. All rights reserved.

Proposal No. 2017M-037EN-001



113 Old Hickory Blvd. East
Madison, TN 37115
Tel: 615-865-6062
Fax: 615-865-6083
www.jarvisigns.com

Customer:
LIPSCOMB UNIVERSITY
147 4TH AVENUE NORTH
NASHVILLE, TN
DOWNTOWN NASHVILLE

Date:
11/16/16

Sign Type:
BM

Revisions:
No. Date

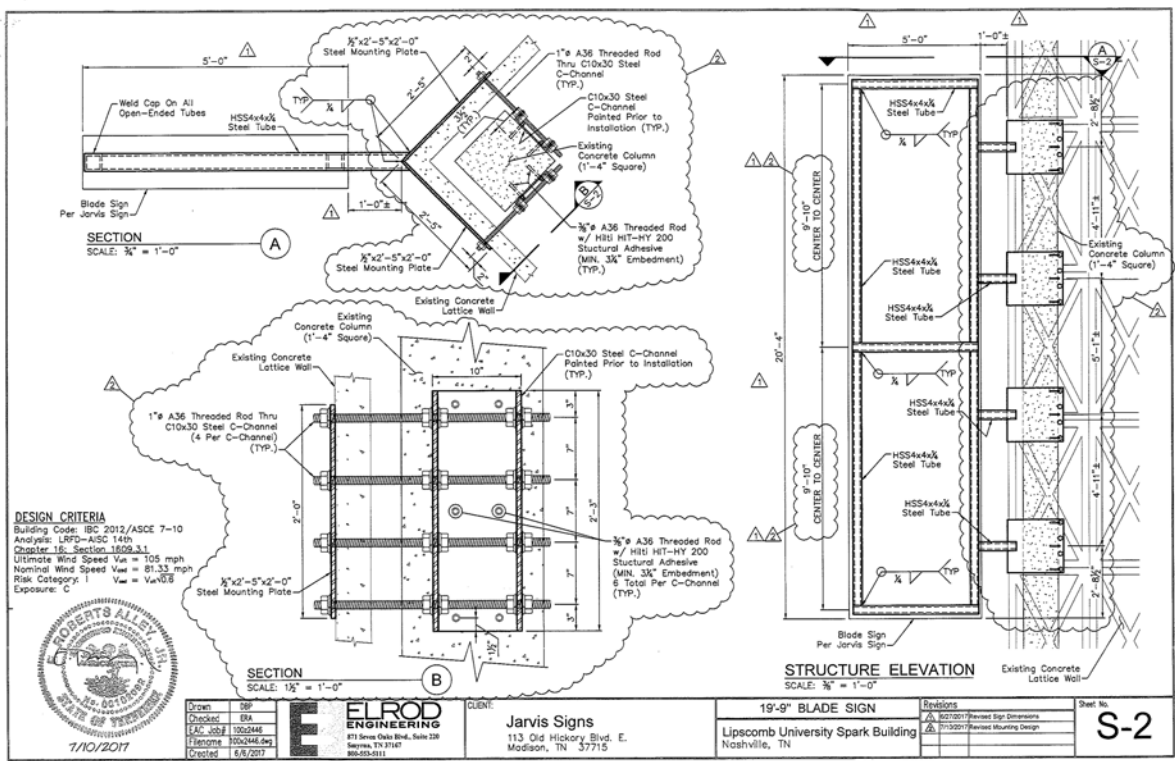
File Location:
JEG DESIGN/LIPSCOMB/SPARK
BLADE SIGN.COR

Drawn By:
J. PUENTE

SCALE: 3/8"=1'

Page No.:
SG.1

This Document is the exclusive property of Jarvis Environmental Graphics which is a division of Jarvis Signs Incorporated. Madison, Tennessee, and may not be copied, reproduced, manufactured, marketed or sold, in whole or part without the express written consent of Jarvis Environmental graphics and Jarvis Signs Incorporated.



ELFROD ENGINEERING
713 Seven Oaks Blvd., Suite 200
Bartonsville, TN 37017
800-652-9111

CLIENT:
Jarvis Signs
113 Old Hickory Blvd. E.
Madison, TN 37115

19'-0" BLADE SIGN

Lipscomb University Spark Building
Nashville, TN

Revisions

1	11/16/16	Revised Sign Dimensions
2	11/16/16	Revised Mounting Design

Sheet No.:
S-2