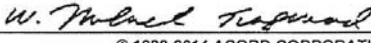


# Proposal No. 2017M-049EN-001

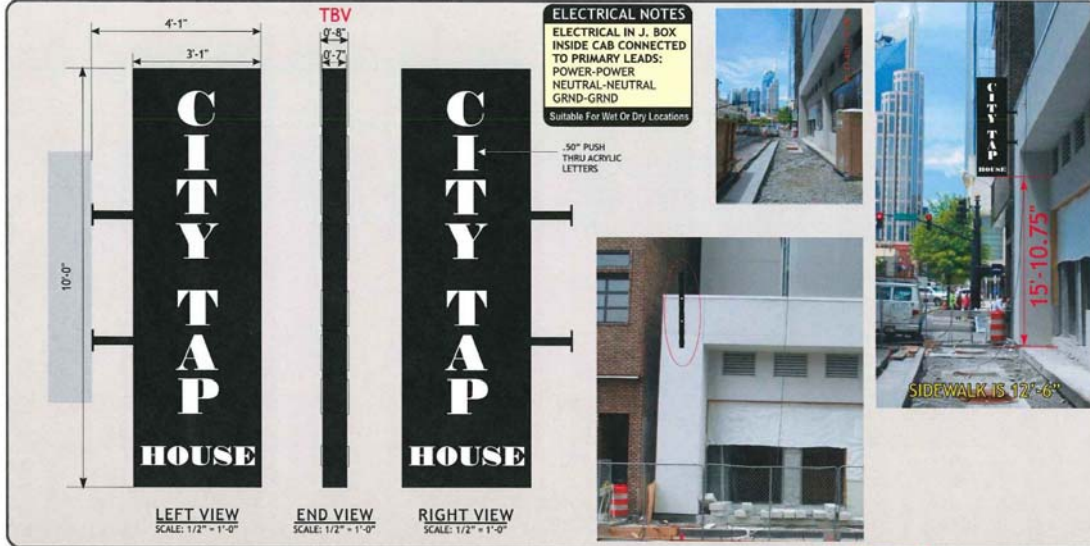
<b>ACORD</b> <sup>TM</sup>	Client#: 355066	TABLE95	DATE (MM/DD/YYYY) 08/14/2017														
<b>CERTIFICATE OF LIABILITY INSURANCE</b>																	
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY 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.</p> <p>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).</p>																	
<b>PRODUCER</b> Conner Strong & Buckelew Two Liberty Place 50 S. 16th Street, Suite 3600 Philadelphia, PA 19102	<b>CONTACT NAME:</b> Qiana Rowe <b>PHONE (A/C, No, Ext):</b> 267-702-1373 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> qrowe@connerstrong.com																
<b>INSURED</b> City Tap Nashville, LLC 1100 East Hector Street Suite 225 Conshohocken, PA 19428	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Houston Specialty Insurance Com</td> <td>12936</td> </tr> <tr> <td>INSURER B: Allied World National Assurance</td> <td>10690</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> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Houston Specialty Insurance Com	12936	INSURER B: Allied World National Assurance	10690	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 INSR 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 <input checked="" type="checkbox"/> Policy Agg. Limit \$10,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		HOSPK100406000	07/24/2017	10/01/2018	EACH OCCURRENCE    \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)    \$500,000 MED EXP (Any one person)    \$5,000 PERSONAL & ADV INJURY    \$1,000,000 GENERAL AGGREGATE    \$2,000,000 PRODUCTS - COMP/OP AGG    \$1,000,000 \$											
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		HOSPK100406000	07/24/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident)    \$1,000,000 BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$ \$											
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		TBD	07/24/2017	10/01/2018	EACH OCCURRENCE    \$25,000,000 AGGREGATE    \$25,000,000 \$											
	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/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT    \$ E.L. DISEASE - BA EMPLOYEE    \$ E.L. DISEASE - POLICY LIMIT    \$											
A	Liquor Liability		HOSPK100406000	07/24/2017	10/01/2018	\$1,000,000 per occur. \$2,000,000 Policy Agg											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: LED illuminated blade sign installation - City Tap House Nashville, LLC - 250 Demonbreun St, Nashville, TN 37201.  The Metropolitan Government of Nashville & Davison County Metro Legal and Claims c/o Insurance and Safety Division is included as additional insured on the captioned General Liability policy if required by (See Attached Descriptions)																	
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>													
The Metropolitan Gov't of Nashville and Davidson County Metro Legal and Claims 222 Third Ave. N, Suite 501 Nashville, TN 37201				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 													

ACORD 25 (2014/01) 1 of 2 #S1743406/M1743306

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K3S



**CITY TAP HOUSE**

LOCATION: 205 DEMONBREUN NASHVILLE, TN

JOB CONTACT: NAME PROJECT MGR: SHEA

DRAWING NO: 170495-S20-01

**SPECIFICATIONS & FINISHES:**

1. FABRICATE AND INSTALL ONE (1) DF BLADE SIGN W/ CLEAR PUSH THRU ACRYLIC WITH WHITE VINYL OVERLAY AS ILLUSTRATED AND SPECIFIED.

**COLORS TO BE DETERMINED**

DESIGNED BY: M. CLINE DATE: 08-08-17

WORK ORDER NO.: XXXXXX

PAGE 1 OF 2

**APPROVALS**

ENGINEERING:

INSTALLATION:

PROJECT MANAGER:

**JOSLIN AND SON SIGNS**

630 Murfreesboro Rd, Nashville, TN 37210  
615.252.3463 1.800.543.9587