## Proposal No. 2017M-050EN-001

~	soah laa Aarr		ONLY	D CONFEDE	UED AS A MATTER (	OF INFORMATION	
Creagh Ins Agy			HOLDER.	ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR			
718 Enquirer Ave			ALTER TI	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
Nashville, TN 37205				INSURERS AFFORDING COVERAGE			
L.A.A. Inc dba Sobro Wine & Spirits 209 3rd Ave South Nashville, TN 37201			INSURER A: FO	INSURER A: FOREMOST Signature Ins Co INSURER 6: INSURER C: INSURER C: INSURER E:			
			INSURER 8:				
			INSURER D:				
			INSURER E:				
	RAGES						
MAY	PERTAIN. THE INSURANCE AFFO	SELOW HAVE SEEN ISSUED TO THE ITION OF ANY CONTRACT OR OTH RDED BY THE POLICIES DESCRIBED N MAY HAVE BEEN REDUCED BY PA	PER DOCUMENT WITH	BOVE FOR THE PO H RESPECT TO WI T TO ALL THE TER	LICY PERIOD INDICATED. HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	NOTWITHSTANDING MAY BE ISSUED OF INDITIONS OF SUCH	
SR R	TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION	LIMIT	rs	
_	ENERAL LIABILITY				EACH OCCURRENCE	s 1,000,000	
1 >	X COMMERCIAL GENERAL, LIABILITY CLAIMS MADE X OCCUR	012657674	06/15/2017	06/15/2018	FIRE DAMAGE (Any one fire)	s 100,000	
_					MED EXP (Any one person)	s 10,000	
					PERSONAL & ADV INJURY	s 1,000,000	
			1		GENERAL AGGREGATE	s 2,000,000	
G	ENL AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG		
	POLICY PRO-		النا			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
At	ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	s	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
	HIRED AUTOS NON-OWNED AUTOS				SODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	s	
G/	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s	
-	ANY AUTO		1		OTHER THAN EA ACC	s	
-			-		AUTO ONLY: AGG	s	
EX	CESS LIABILITY OCCUR CLAIMS MADE				EACH OCCURRENCE	5	
-	OCCUR CLAIMS MADE				AGGREGATE	\$	
-	1		1			5	
-	DEDUCTIBLE		1			5	
1000	RETENTION \$					s	
EN	PRINTERS COMPENSATION AND				WC STATU- TORY LIMITS ER	Carrier Street Control	
	1111AAAAAA (1001.175.400.1845.A-/				E.L. EACH ACCIDENT	\$	
					E.L. DISEASE - EA EMPLOYEE	s	
07	HER				E.L. DISEASE - POLICY LIMIT		
01	TIME.						
CRIP	TION OF OPERATIONS/LOCATIONS/VEHI	CLES/EXCLUSIONS ADDED BY ENDORSEME	ENT/SPECIAL PROVISION	\$			
t .	is agreed and un	nderstood that Th	e Metro G	orrit of N	nobreille - '		
t,	Metro Legal & C	Claims, C/O Insur	e werro e	foto Di i	asuville & 1	Javidson	
ui.	te #501. Nashwil	lle TN 37201 :-	ance & Sa	rech Diai	sion, 222 31	rd Ave N	
en	eral liabilty po	Lle, TN 37201 is	added as	an additi	onal insured	d under the	
	Dirich be	/y.					
RTI	FICATE HOLDER X ADDIT	TONAL INSURED; INSURER LETTER: X	CANCELLAT	ION			
					D POLICIES DE CANCELLES D	EEODE THE FYNA	
1e	Metro Gov't of	Nashville	DATE THEREOF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL			
Davidson Ct, Metro Legal & Claims C/O Insurance & Safety Division 222 3rd Ave North Suite #501				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
22				REPRESENTATIVES. AUTHORIZED REPRESENTATIVE / )			
12	ord Ave North S ville, TN 37201	uite #501					

D-17-07914

