

Proposal No. 2017M-051EN-001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/22/2017

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 Ambassador Group Inc. 7010 E Chauncey Ln Ste 230 Phoenix AZ 85054 INSURED Whiskey Row Nashville LLC 7525 E Camelback Rd Ste 100 Scottsdale AZ 85251	CONTACT NAME: PHONE (A/C, No, Ext): (480) 776-6950 FAX (A/C, No): (480) 776-6951 E-MAIL ADDRESS: _____ _____ _____
INSURER(S) AFFORDING COVERAGE	
INSURER A: Liberty Surplus Insurance Corp	
INSURER B: _____	
INSURER C: _____	
INSURER D: _____	
INSURER E: _____	
INSURER F: _____	

COVERAGES **CERTIFICATE NUMBER: CL173306266** **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	X	HP-0000844-0	06/24/2017	06/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage subject to policy forms, terms and conditions. Re: Sign for Whiskey Row Nashville LLC, 400 Broadway, Nashville TN 37203. The Metropolitan Government of Nashville & Davidson County, Metro Legal and Claims c/o Insurance and Safety Division is included as additional insured as required by written contract. 30 day notice of cancellation applies.

CERTIFICATE HOLDER The Metropolitan Government of Nashville & Davidson County Metro Legal and Claims 222 Third Ave N Ste 501 Nashville, TN 37201	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 David Melanson/DME
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FRONT VIEW
SCALE: 1/2" = 1'-0"

END VIEW
SCALE: 1/2" = 1'-0"

10'-4" SIDEWALK

PAINTED COPY W/ SKELETON NEON OVERLAY

1" 4" 4" 4" 3" 10" 1/4"

WALL WALL

PHOTO 1: Street view showing the sign on a building facade.

PHOTO 2: Close-up of the sign on a building facade.

WHISKEY ROW		SPECIFICATIONS & FINISHES: 1. FABRICATE/INSTALL ONE(1) OF BLADE SIGN W/ SKELETON NEON AS ILLUSTRATED AND SPECIFIED.	DESIGNED BY	DATE	APPROVALS	 <small>638 Manufacturing Rd. Nashville, TN 37218 615.252.1821 • 6PM-6A EST</small>
LOCATION:	400 BROADWAY NASHVILLE, TN		AS / R/A	09-21-17	CUSTOMER:	
JOB CONTACT:	NAME PROJECT NO: HOUSE		WORK ORDER NO.:	XXXXXX	INSTALLATION:	
DRAWING NO.:	170664-H20-01		FINISHES:	<input type="checkbox"/> WHITE NEON <input type="checkbox"/> NOVAL GOLD NEON <input type="checkbox"/> WHITE <input type="checkbox"/> PHS 124 <input type="checkbox"/> BLACK	PROJECT APPROVED:	
			PAGE	1	OF	2