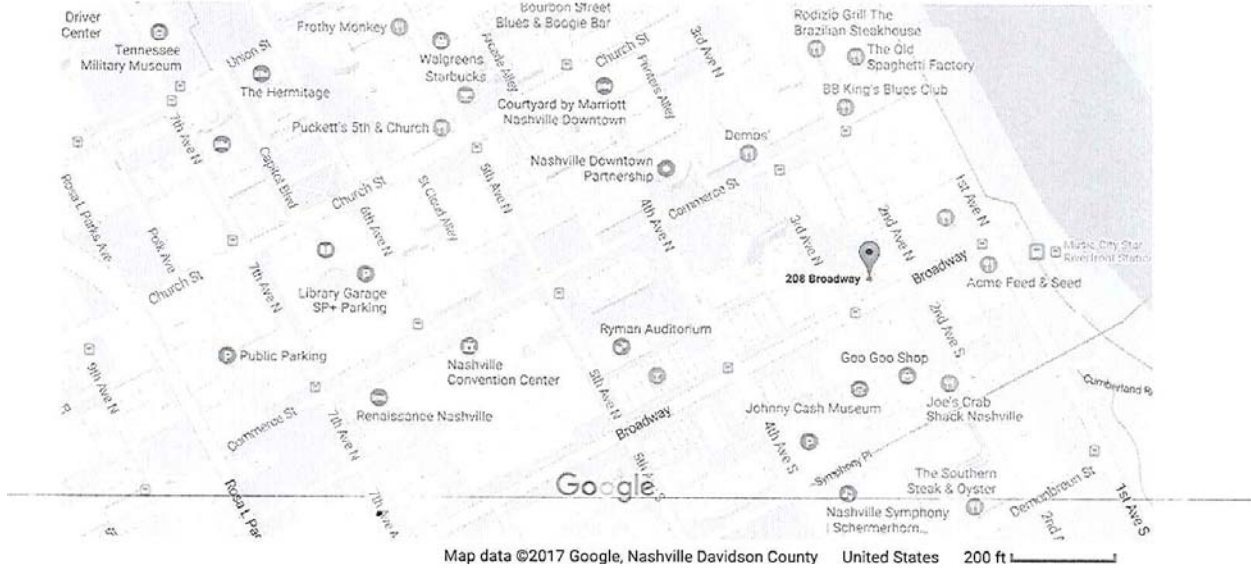


Proposal No. 2017M-043EN-001

Google Maps 208 Broadway





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/2/2017

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).

<b>PRODUCER</b> Scott Insurance - Charlotte 521 E. Morehead Street Suite 300 Charlotte NC 28202		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 704-556-1341      FAX (A/C, No): 704-556-7681 E-MAIL ADDRESS:	
<b>INSURED</b> Entertainment Policies, LLC RR Hospitality Nashville, LLC 6300 Carmel Road, Ste 110B Charlotte NC 28226		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A : Lexington Insurance Company (A)      19437 INSURER B : Allied World National Assurance Com      10690 INSURER C : INSURER D : INSURER E : INSURER F :	

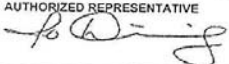
**COVERAGES**      **CERTIFICATE NUMBER: 969767552**      **REVISION NUMBER:**

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.

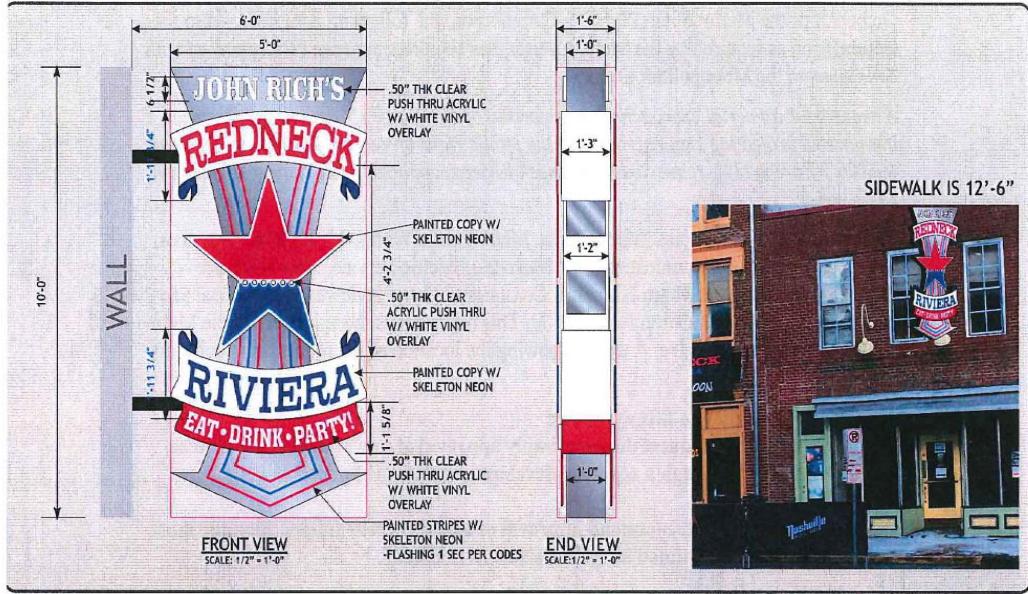
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		015375535	7/1/2017	7/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		015375535	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ H&NO \$1,000,000
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		0310-2252	7/1/2017	7/1/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	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			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY		015375535	7/1/2017	7/1/2018	Each Cause 1,000,000 Aggregate 2,000,000

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

The Metropolitan Government of Nashville & Davidson County, Metro Legal and claims c/o Insurance and Safety Division is an additional insured as respects General Liability, when required by written contract. 30 day notice of cancellation will be provided to the certificate holder except for nonpayment of premium.

<b>CERTIFICATE HOLDER</b>  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	<b>CANCELLATION</b>  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 
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<b>REDNECK RIVIERA</b>	
LOCATION:	208 BROADWAY NASHVILLE, TN
JOB CONTACT:	NAME PROJECT MGR: HOUSE
DRAWING NO.:	164731-H10-02

<b>SPECIFICATIONS &amp; FINISHES:</b>	
1. FABRICATE/INSTALL ONE(1) OF BLADE SIGN AS ILLUSTRATED AND SPECIFIED.	
<input checked="" type="checkbox"/> PMS 301M	<input checked="" type="checkbox"/> PMS 200M
<input type="checkbox"/> WHITE	

DESIGNED BY:	DATE:
A. TORREJON	08-01-17
WORK ORDER NO.:	
XXXXXX	
PAGE	OF
2	2

<b>APPROVALS</b>	
CUSTOMER:	
INSTALLATION:	
PROJECT MANAGER:	

**JOSLIN AND SON SIGNS**

630 W. 10th St. Ft. Worth, TX 76102  
817-325-3465 1-800-546-9557