PAPPAPRO Client#: 711 DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE ACORD. 06/15/2016 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS THIS CERTIFICATE IS ISSUED AS A WIRTTER OF INFORMATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DELOW. 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 ileu of such endorsement(s). CONTACT Carla Crawley PRODUCER PHONE (A/C, No, Ext): 704 364-1233 E-MAIL AODRESS: ccrawley@cameronmharris.com FAX (A/C, No): 1-888-364-1213 Cameron M. Harris & Co., LLC PO Box 220948 6400 Fairview Road (28210) INSURER(S) AFFORDING COVERAGE NAIC # Charlotte, NC 28222-0948 INSURER A : Peerless Ins. Co. 24198 INSURER B: Pappas Properties, LLC INSURER C: North Gulch Apartments, LLC INSURER D : 4777 Sharon Road, Suite 550 INSURER E : Charlotte, NC 28210 INSURER F: REVISION NUMBER CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR INSR WVD TYPE OF INSURANCE POLICY NUMBER \$1,000,000 GENERAL LIABILITY CBP8040342 06/11/2016 06/11/2017 EACH OCCURRENCE PAMAGE TO RENTED PREMISES (En occurrence) \$300,000 X COMMERCIAL GENERAL LIABILITY s15,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER:
POLICY PROJECT LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) S ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTIONS WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE S lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required, Certificate holder is included as an additional insured with regards to general liability to the extent required by written contract/agreement subject to policy terms and conditions. They are hereby granted a 30 day notice of cancellation. CERTIFICATE HOLDER CANCELLATION

© 1988-2010 ACORD CORPORATION. All rights reserved.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

© 1986
ACORD 25 (2010/05) 1 of 1 The ACORD name and logo are registered marks of ACORD
#S83817/M83816

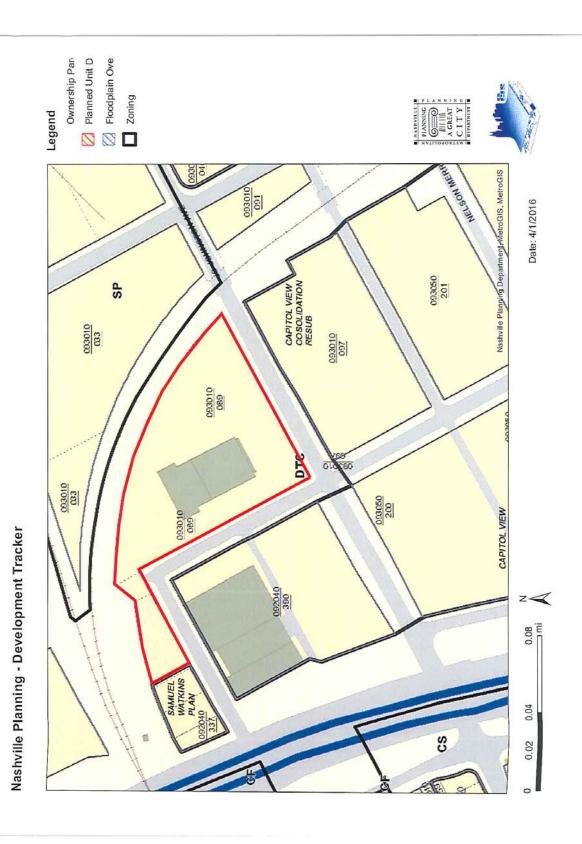
The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims

C/O Insurance & Safety Division 222 3rd Avenue North, Ste #501

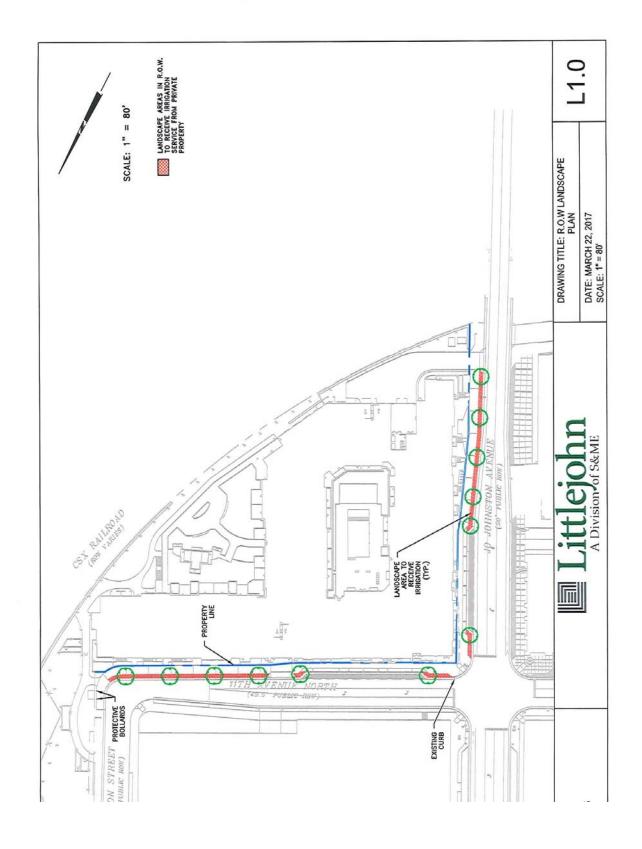
Nashville, TN 37201

SF1

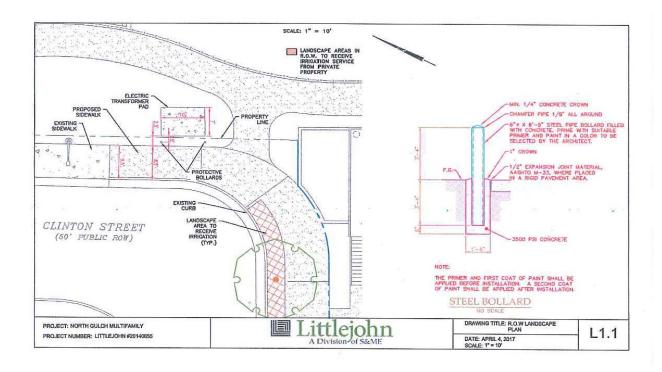
AUTHORIZED REPRESENTATIVE



{N0134884.1} D-17-07592



{N0134884.1} D-17-07592



{N0134884.1} D-17-07592