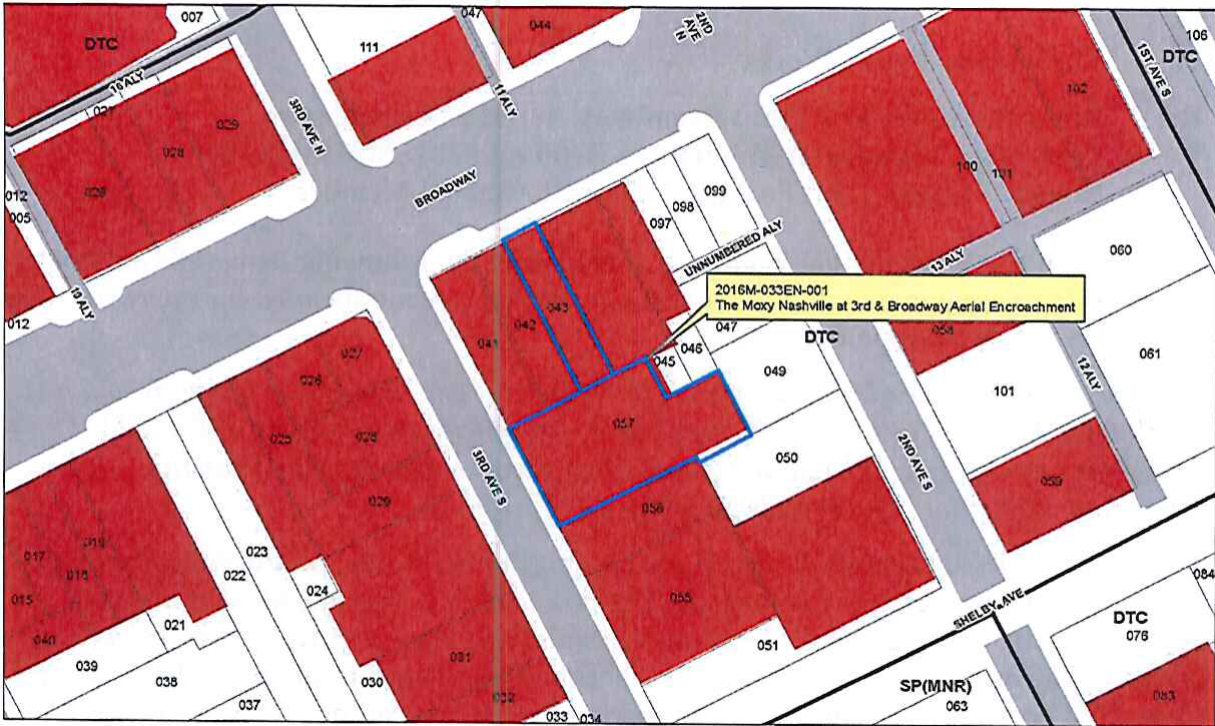


Proposal No. 2016M-033EN-001



**ACORD. CERTIFICATE OF LIABILITY INSURANCE**

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> BB&T - Insurance Services of Lexington 200 W Vine Street, Ste 300 Lexington, KY 40507	<b>CONTACT NAME</b> PHONE: 859 224-8899 FAX: 8666432260 E-MAIL: ADDRESS:
<b>INSURED</b> Broadway Hotel, LLC dba Moxy P.O. Box 905 Eddyville, KY 42038	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Westfield Insurance Company NAIC # 24112 INSURER B: Bridgefield Casualty Insurance 10335 INSURER C: INSURER D: INSURER E: INSURER F:

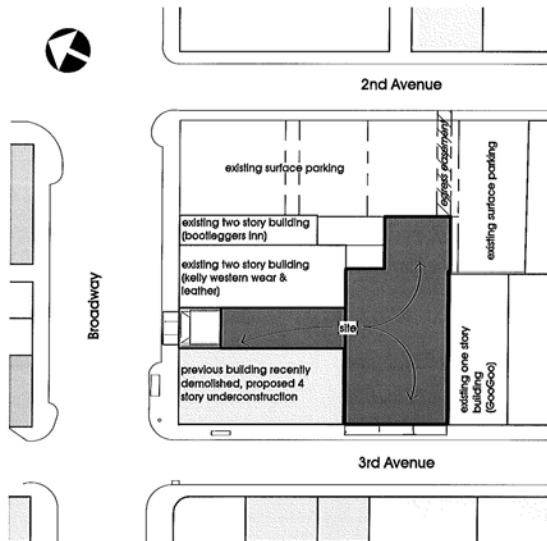
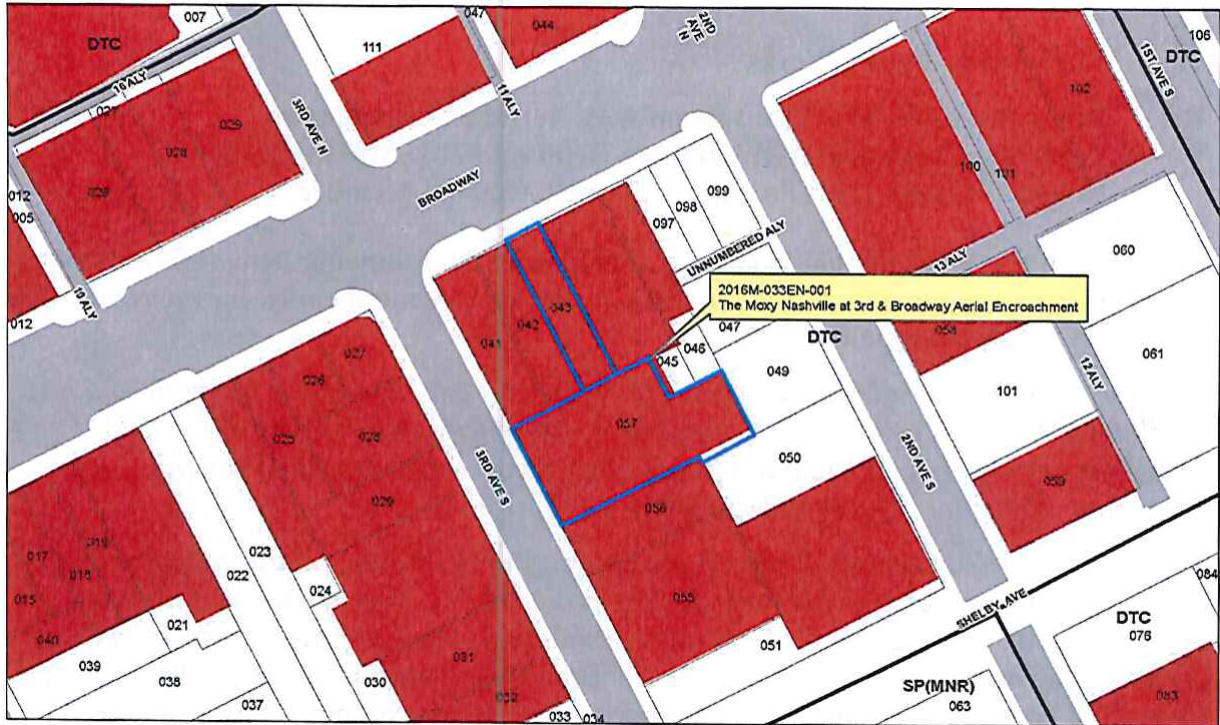
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

CLASS	TYPE OF INSURANCE	ADDITIONAL COVERAGES (INDICATE BY X)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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. <input type="checkbox"/> LOC OTHER:		TRA3958229	01/01/2016	01/01/2017	EACH OCCURRENCE ±1,000,000 DAMAGE TO RENTED EQUIPMENT (Per 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 ±2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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 (See accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$0		TRA3958229	01/01/2016	01/01/2017	EACH OCCURRENCE ±3,000,000 AGGREGATE ±3,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE <input checked="" type="checkbox"/> MANDATORY IN KY If yes, describe the DESCRIPTION OF OPERATIONS below		019401441	10/01/2016	10/01/2017	PER ACCIDENT ±1,000,000 E.L. DISEASE - EA EMPLOYEE ±1,000,000 E.L. DISEASE - POLICY LIMIT ±1,000,000

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 is an additional insured in respect to general liability.

<b>CERTIFICATE HOLDER</b> The Metropolitan Government of Nashville and Davidson County c/o Insurance & Safety Division 222 3rd Avenue N, 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 
--	---



1 Architectural Site Plan  
1/64" = 1'-0"



grate brick pavers

3 3rd Ave - Existing Conditions



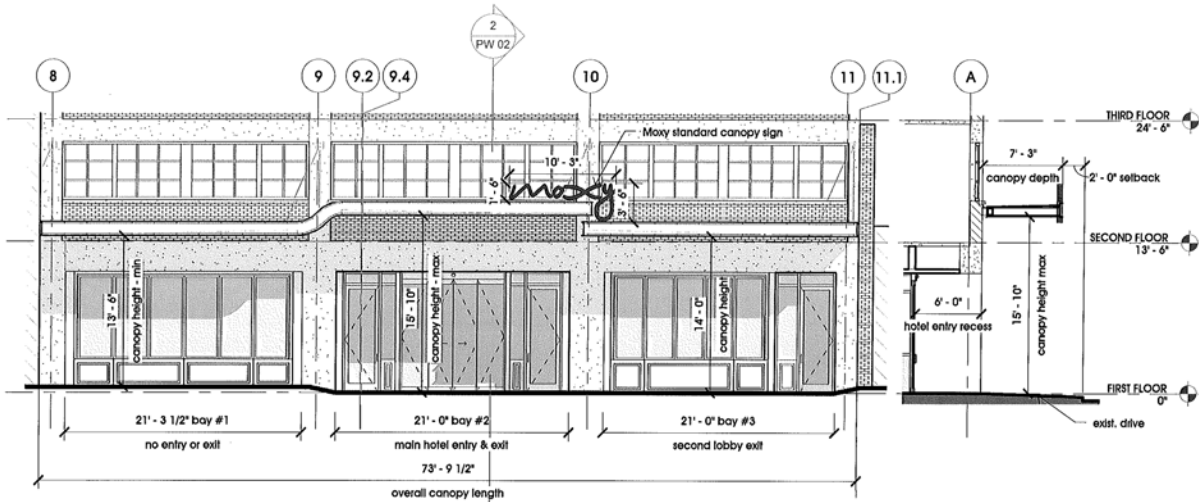
down spout electrical water metal drain cover  
metal drain cover sign down spout metal drain cover

2 Broadway - Existing Conditions

**Moxy Nashville**  
Barkley Lake Inn  
110 Third Avenue S Nashville, TN 37201

Canopy & Signage Encroachment Submission  
Site Plan & Existing Conditions  
1410 September 26, 2016

kennon | calhoun  
**WORKSHOP**



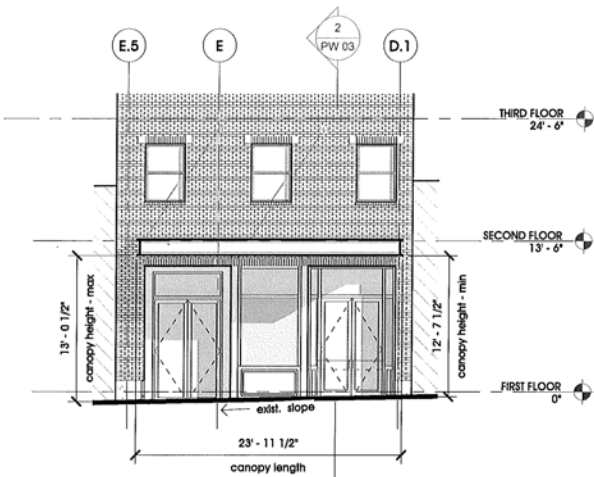
1 Elevation - 3rd Ave  
1/8" = 1'-0"

2 Section - 3rd Ave  
1/8" = 1'-0"

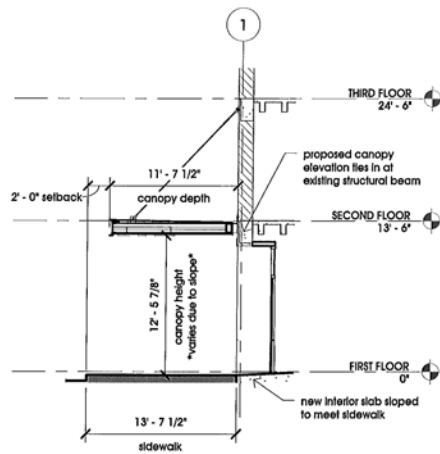
**Moxy Nashville**  
Barkley Lake Inn  
110 Third Avenue S Nashville, TN 37201

Canopy & Signage Encroachment Submission  
3rd Ave Canopy & Signage  
1410 September 26, 2016

kennon | calhoun  
**WORKSHOP**



1 Elevation - Broadway  
1/8" = 1'-0"

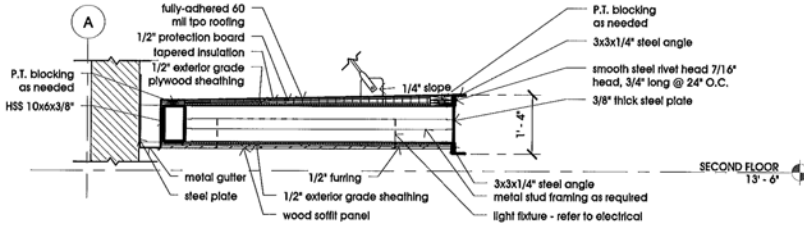


2 Section - Broadway  
1/8" = 1'-0"

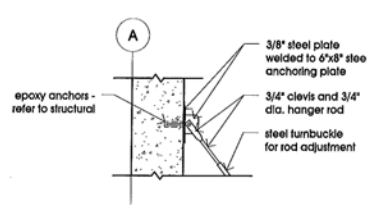
**Moxy Nashville**  
Barkley Lake Inn  
110 Third Avenue S Nashville, TN 37201

Canopy & Signage Encroachment Submission  
Broadway Canopy  
1410 September 26, 2016

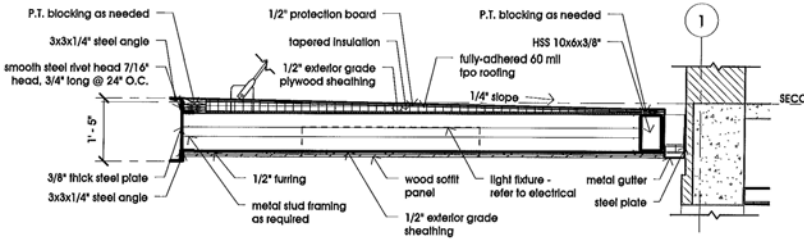
kennon | calhoun  
**WORKSHOP**



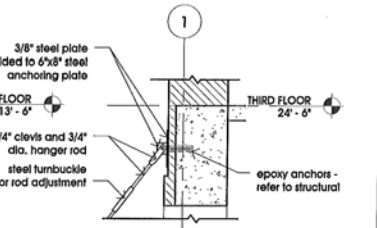
**1** Detail - 3rd Ave Canopy  
1/2" = 1'-0"



**2** Detail - 3rd Ave Canopy  
1/2" = 1'-0"



**3** Detail - Broadway Canopy  
1/2" = 1'-0"

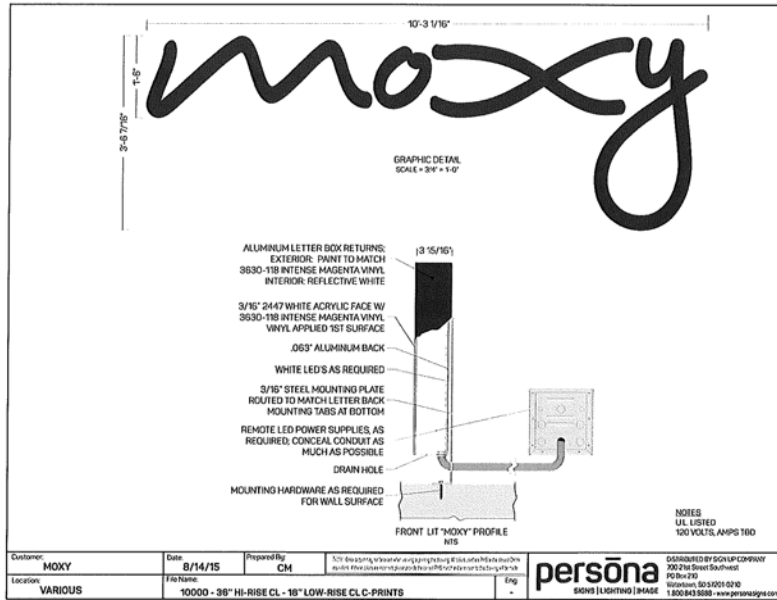


**4** Detail - Broadway Canopy  
1/2" = 1'-0"

**Moxy Nashville**  
Barkley Lake Inn  
110 Third Avenue S Nashville, TN 37201

Canopy & Signage Encroachment Submission  
Canopy Details  
1410 September 26, 2016

kennon | calhoun  
**WORKSHOP**



**Moxy Nashville**  
Barkley Lake Inn  
110 Third Avenue S Nashville, TN 37201

Canopy & Signage Encroachment Submission  
Marriott Moxy Standard Canopy Sign  
1410 September 26, 2016

kennon | calhoun  
**WORKSHOP**