



4TH & CHURCH	
LOCATION:	201 4TH AVE N. NASHVILLE, TN
JOB CONTACT:	NAME PROJECT MGR: M. PRICE
DRAWING NO.:	163855-H10-01

SPECIFICATIONS & FINISHES:	
1. FABRICATE/INSTALL ONE(1) D/F ILLUM. BLADE SIGN AS ILLUSTRATED & SPECIFIED.	
<input checked="" type="checkbox"/> ARCH. BRONZE T.B.V.	<input type="checkbox"/> 7328 WHITE

DESIGNED BY:	DATE:
R. McCORD	005-06-16
WORK ORDER NO.:	
377849	
PAGE	OF
1	4

APPROVALS FOR MANUFACTURING	
CUSTOMER:	
INSTALLATION:	
PROJECT MANAGER:	

JOSLIN AND SON SIGNS

630 Murfreesboro Rd, Nashville, TN 37210
615.295.3463 1.800.545.9557

Client#: 195282

ALBANROAD

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2016

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 Marsh & McLennan Agency LLC 100 Front Street, Suite 800 Worcester, MA 01608 888 850-9400	CONTACT NAME: PHONE (Inc. No, Ext): 888 850-9400 FAX (A/C, No): 866-795-8016 E-MAIL ADDRESS: ADDRESS:
INSURED Albany Road Real Estate Partners, LLC 10 High Street Suite 700 Boston, MA 02110	INSURER(S) AFFORDING COVERAGE INSURER A : Chubb National Insurance Compan NAIC # 10052 INSURER B : Travelers Indemnity Co. of Conn 25682 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 checked="" type="checkbox"/> BI/PPD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		36032798	07/30/2015	07/30/2016	EACH OCCURRENCE ≤1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) ≤300,000 MED EXP (Any one person) ≤10,000 PERSONAL & ADV INJURY ≤1,000,000 GENERAL AGGREGATE ≤2,000,000 PRODUCTS - CCM/OP AGG ≤2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		99494557	07/30/2015	07/30/2016	COMBINED SINGLE LIMIT (Per accident) ≤1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		79896506	07/30/2015	07/30/2016	EACH OCCURRENCE ≤25,000,000 AGGREGATE ≤25,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS below		TBIWCP123	09/09/2015	09/09/2016	PER STATUTE OTH-ER E L EACH ACCIDENT ≤1,000,000 E L DISEASE - EA EMPLOYEE ≤1,000,000 E L DISEASE - POLICY LIMIT ≤1,000,000
B	Excess Liability		ZUP91M3846615NF	07/30/2015	07/30/2016	\$25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Sign for Albany Road-Fourth & Church Nashville, LLC, 201 4th Ave, North Nashville, TN 37219
 The Metropolitan Government of Nashville & Davidson County, Metro Legal and claims c/o Insurance & Safety Division is included as an additional insured as required by written contract. A 30 day notice of cancellation applies except for Nonpayment of premium which would be a 10 day notice.

CERTIFICATE HOLDER The Metropolitan Government of Nashville & Davidson County Metro Legal & Claims c/o Insurance & Safety Division 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 <i>Jeray Anderson</i>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACORD 25 (2014/01) 1 of 1 #S2208862/M1730417 The ACORD name and logo are registered marks of ACORD © 1988-2014 ACORD CORPORATION. All rights reserved. BWKMG