

Proposal No. 2021M-003EN-001

ACORD Client#: 1806893	77KANAHOT CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) 6/29/2020				
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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER McGriff Insurance Services 735 Broad Street, Suite 100 Chattanooga, TN 37402 423 756-0711	CONTRACT NAME: Sonya M. Hickman PHONE (A/C, M, Ext): 423-648-7328 FAX (A/C, No): 423-265-8543 E-MAIL ADDRESS: Shickman@McGriffInsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: The American Insurance Company 21857 INSURER B: National Surety Corporation 21881 INSURER C: Travelers Casualty & Surety Company 19038 INSURER D: Beazley Insurance Company Inc 37540 INSURER E: Hiscox Insurance Company 10200 INSURER F:					
INSURED Midtown Hotel Partners, LLC 109 29th Avenue North Nashville, TN 37203						
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.						
ICR LTR	TYPE OF INSURANCE	ADDED SUBR ROSE (W/O)	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 No Deductible/SIR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	S59MXX809992	09/15/2019	09/15/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Excess/cont) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP ADD \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X X	S59MXX809992	09/15/2019	09/15/2020	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0	X X	SUO000491579	09/15/2019	09/15/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$ PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYEE OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MN) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Liquor Liability		S59MXX809992	09/15/2019	09/15/2020	\$1,000,000/\$2,000,000
C	Crime		105496863	09/15/2019	09/15/2020	See Below
D	Cyber Security Li		V2463E190201	09/15/2019	09/15/2020	\$1,000,000/\$15,000 ded.
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) E - UTS255982919 Eff Date: 09/15/2019 Exp Date: 09/15/2020 Terrorism Liability Coverage \$1,000,000 Each Claim \$2,000,000 Aggregate (See Attached Descriptions)						
CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson C/O Insurance & Safety Div. 222 3rd Avenue North, #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 Sonya M. Hickman		