## Proposal No. 2024M-0026EN-001

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MWDDYYYY) 10/10/2024

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(les) 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 rights to the certificate holder in lieu of such endorsement(s).

	HOPE COLUMN TO THE COLUMN TO T				
	INSURER F : Admiral Insurance Company	24856			
Malvern, PA 19355	INSURERE: Arch Specialty Insurance Company	21199			
1 Country View Road, Suite 100	INSURERD: American Casualty Company of Reading Penns	20427			
Balfour Beatty Communities, LLC	INSURERC: Columbia Casualty Company	31127			
INSURED Swiftsure Housing Partners, LLC	INSURERB: Continental Casualty Company	20443			
	INSURERA: Westchester Surplus Lines Insurance Compan	10172			
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE	NAIC#			
P.O. Box 305191	E-MAIL ADDRESS: certificates@wtwco.com	E-MAIL ADDRESS: certificates@vtwco.com			
Willis Towers Watson Insurance Services West, I c/o 26 Century Blvd	Inc. PHONE (AIC, No, Ext): 1-877-945-7378 (AIC, No): 1-888	PHONE (AJC, No, Ext): 1-877-945-7378 (AJC, No): 1-888-467-2378			
PRODUCER	CONTACT WIW Certificate Center				
and definition dots not define to the definition former in fine of data characteristics.					

OVERAGES CERTIFICATE NUMBER: W35567149 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.

INER		ADOL	BUBB		POLICY EFF	POUCY EXP		_
LTR	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DDYYYY)	LIMIT	8
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
A		_					MED EXP (Any one person)	\$
		Y		G48785086 001	10/01/2024	10/01/2025	PERSONAL & ADVINJURY	\$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
	POLICY X 28 X LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						SIR	\$ 25,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	X ANY AUTO			BUA 7094185425 1	10/01/2024 10/01/2		BODILY INJURY (Per person)	\$
В	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED					10/01/2025	BODILY INJURY (Per accident)	\$
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
c	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE			7094560620	10/01/2024	10/01/2025	AGGREGATE	\$ 2,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PERTUTE STATUTE	
	D ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   No.	N/A		WC 7094185439	10/01/2024	10/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000
			WC 7094105439	10/01/2024 10/01/2025	10/01/2025	E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Workers Compensation 6			WC 7094215698	10/01/2024	10/01/2025	E.L - Each Accident	\$1,000,000
	Employers Liability						E.L-Disease Each Emp	\$1,000,000
	Per Statute						E.L-Disease Pol Imt	\$1,000,000

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

Terrorism is included as it pertains to the above policies.

SEE ATTACHED

CERTIFICATE HOLDER	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.
Metropolitan Government of Nashville and Davidson County 1417 Murfreesboro Pike Nashville, TN 37217	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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SR ID: 26554614

BATCH: 3655214

{N0644444.1}

AGENCY CUSTOMER ID:	
LOC#	

<i>ACORD</i> *

# ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Swiftburn Housing Partners, LLC Baifour Beatty Communities, LLC
POLICY NUMBER		1 Country View Road, Suite 100 Malvern, FA 19355
See Page 1		MALVETH, MA 19300
CARRIER	NAIC CODE	
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS					
FORM NUMBER: 25 FORM T	TLE: Certificate of Liabilit	y Insurance			
The Metropolitan Government of General Liability.			al Insured as respects to		
INSURER AFFORDING COVERAGE: Arch Specialty Insurance Company POLICY NUMBER: UXP1056662-00					
TYPE OF INSURANCE:					
Excess Liability	\$3,000,000 xs of	\$2,000,000			
INSURER AFFORDING COVERAGE: Ad POLICY NUMBER: UX000001158-01		TVD DATE: 10/01/000F	NAIC#: 24856		
POLICY NUMBER: UXUUUUU1158-01	EFF DATE: 10/01/2024	EAP DATE: 10/01/2025			
	LIMIT DESCRIPTION: \$3,000,000 xs of	LIMIT AMOUNT: \$5,000,000			

ACORD 101 (2008/01)

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CERT: W35567149

{N0644444.1}

days' notice to the Director of NDOT.

# LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS INTO THE PUBLIC RIGHT OF WAY

🔔, in consideration of the Resolution No. \_\_\_ construct, maintain, install and/or operate an encroachment into, onto, over, or under the public right of way located at in Nashville, Davidson County, Tennessee, do hereby, for myself, my agents, customers, and assigns, waive and release and hold harmless The Metropolitan Government of Nashville and Davidson County, its agents, employees, and assigns from any and all claims, rights, or demands for damages that may arise from my/our use, construction and/or maintenance of the encroachment, to wit: (SEE ATTACHED DESCRIPTION OF ENCROACHMENT). I/We hereby certify to the Metropolitan Government of Nashville and Davidson County that I/We have executed a bond or liability insurance policy in such amount as agreed upon by the Director of NDOT and the Metropolitan Attorney, and in the form approved by the Metropolitan Attorney (per Metropolitan Code Section 38-1-1), which operates to indemnify and save The Metropolitan Government of Nashville and Davidson County harmless from all claims or demands that may result to persons or property by reason of the construction, operations or maintenance of the encroachment. I/We further agree that my/our obligations hereunder may not be assigned except upon approval of the Director of NDOT and the Metropolitan Attorney. I/We further acknowledge that any action that results in a failure to maintain said bond or liability insurance for the protection of The Metropolitan Government of Nashville and Davidson County shall operate to the granting of a lien to The Metropolitan Government of Nashville and Davidson County in the amount of the last effective bond/insurance policy. Said insurance or bond may not be cancelable or expirable except on 30

I/We further recognize that the license granted hereby is revocable by The Metropolitan Government upon recommendation of the Director of NDOT and approval by resolution of the Metropolitan County Council if it is determined to be necessary to the public welfare and convenience. In the event the Metropolitan Government revokes this license as contemplated by this paragraph, licensee will not be entitled to any compensation of any kind. This license shall also be strictly subject to the right of way easement owned by The Metropolitan Government. I/We agree to maintain, construct and use the encroachment in such a way as will not interfere with the rights and duties of the Metropolitan Government.

as owner of the right of way. Said interference shall be additional grounds for revocation of the license for encroachment. I/We agree to pay the cost of construction, maintenance, use, as well as relocations cost of said encroachment. Licensee's failure to complete construction of the contemplated encroachment within 36 months of the date of approval by the Metropolitan Council will cause this license to terminate automatically. In the event the encroachment contemplated by this license is substantially destroyed, this license shall terminate unless fully restored by licensee within 36 months from the date of such destruction. In the event this license is revoked or terminated for any reason, licensee shall restore all public property to the condition obtaining at the time the license became effective at licensee's sole cost and expense.

DATE: July 15, 2024

Swiftsure Housing Partners, LLC

(Owner of Property)

1920 Broadway

(Address of Property)

Nashville, TN 37203

(City and State)

Swiftsure Housing Partners, LLC

By: Balfour Beatty Campus Solutions, LLC, its General Manager

(Signature)

Sworn to and subscribed before

1 Maller 1

Commission Expires:

05/20/26

Commonwearth of Pennsylvania - Notary Seal JESSICA CHAMBERS - Notary Public Chester County

My Commission Expires May 20, 2026 Commission Number 1255951 Docusign Envelope ID: 2C54F740-1707-4134-A43F-D0A928433F88

AND BOILDING SAVETY

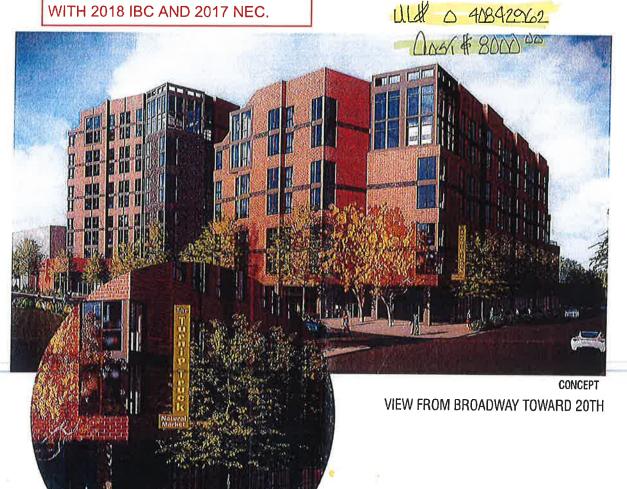
THIS SET OF PLANS SHALL BE PRINTED AND MARLE ON THE JOSSIES DURING CONSTRUCTION

#### FIRE STOPPING REQUIREMENT

LAMInton

2022070056

THIS SET OF PLANS TO BE AVAILABLE ON JOB SITE DURING CONSTRUCTION. TO COMPLY WITH 2018 IBC AND 2017 NEC.



**DESCRIPTION:** 

5X20X1' BLADE SIGN-WITH 3" DEPTH CHANNEL LETTERS ATTACHED TO BOTH SIDES, INTERNAL ILLUMINATION VIA LED LIGHTING, SIGN MOUNTED CORNER OF BROADWAY & 20TH, NON-ENTRANCE SIDE. POWER REQUIREMENTS: 20AMP 120V CIRCUIT

**JARVIS**SIGNS DESIGN . BUILD . INSTALL . SERVICE



310 Madison St Madison, TN 37115



615,865,6062



www.jarvissigns.com

Customer:

THE TURNIP TRUCK
LYLE AVE 120 20 UT WES

ADAM WILLIAMS ADAM@THETURNIPTRUCK.COM 615-678-7918

TAZCEL 09216014100

File Location: DESIGN/DRAWING/ T/TURNIP TRUCK /MIDTOWN/MIDTOWN SIGN BLADE

Sign Type:

**BLADE** 

Drawn By: **DPEARSON** 

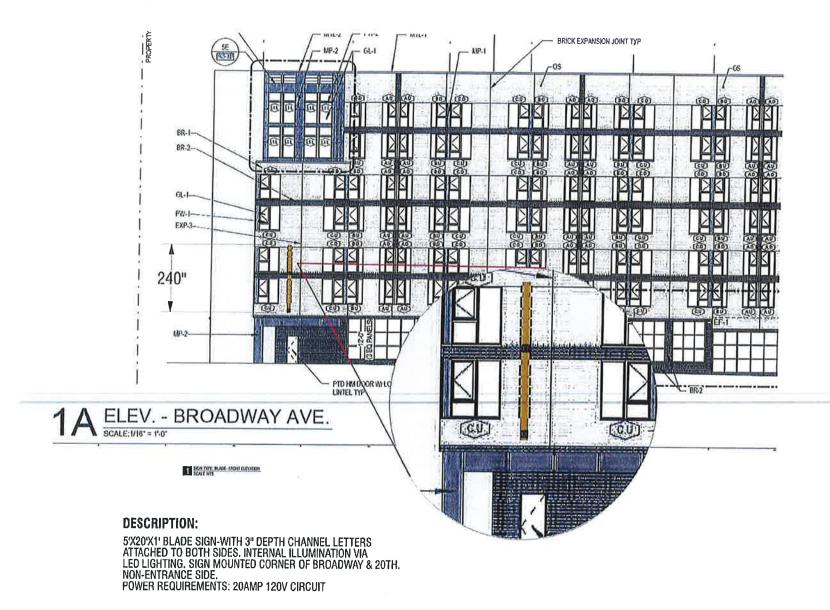
Project Manager: NAME

Page No.:

SG. 1

Orlginal Date: 3/10/2022

Revised Rev # Date: 3/28/2022









615.865.6062



www.jarvissigns.com

Customer: THE TURNIP TRUCK LYLE AVE NASHVILLE, TN

ADAM WILLIAMS ADAM@THETURNIPTRUCK.COM 615-878-7918

File Location: DESIGN/DRAWING/ T/TURNIP TRUCK /MIDTOWN/MIDTOWN SIGN BLADE

Sign Type:

BLADE

Drawn By: Project Manager: DPEARSON

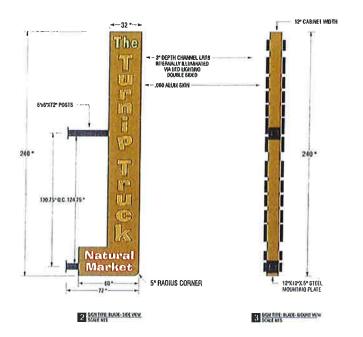
NAME

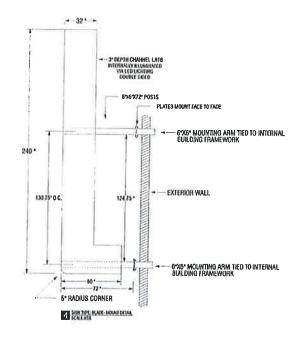
Page No.:

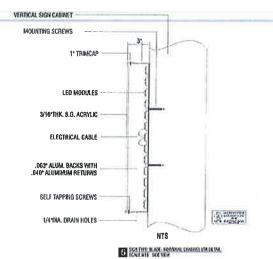
SG. 2

Original Date: 3/10/2022

Revised Rev # Date: 3/20/2022









## **DESCRIPTION:**

5'X20'X1' BLADE SIGN-WITH 3" DEPTH CHANNEL LETTERS ATTACHED TO BOTH SIDES. INTERNAL ILLUMINATION VIA LED LIGHTING. SIGN MOUNTED CORNER OF BROADWAY & 20TH. NON-ENTRANCE SIDE. POWER REQUIREMENTS: 20AMP 120V CIRCUIT





310 Madison St Madison, TN 37115



615.865,6062



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Customer: THE TURNIP TRUCK LYLE AVE NASHVILLE, TN

ADAM WILLIAMS ADAM@THETURNIPTRUCK.COM 615-678-7918

File Location:
DESIGN/DRAWING/
T/TURNIP TRUCK
/MIDTOWN/MIDTOWN SIGN BLADE

Sign Type:

**BLADE** 

Drawn By: Project Manager:
DPEARSON NAME

Page No.:

SG. 3

Original Date: 3/10/2022

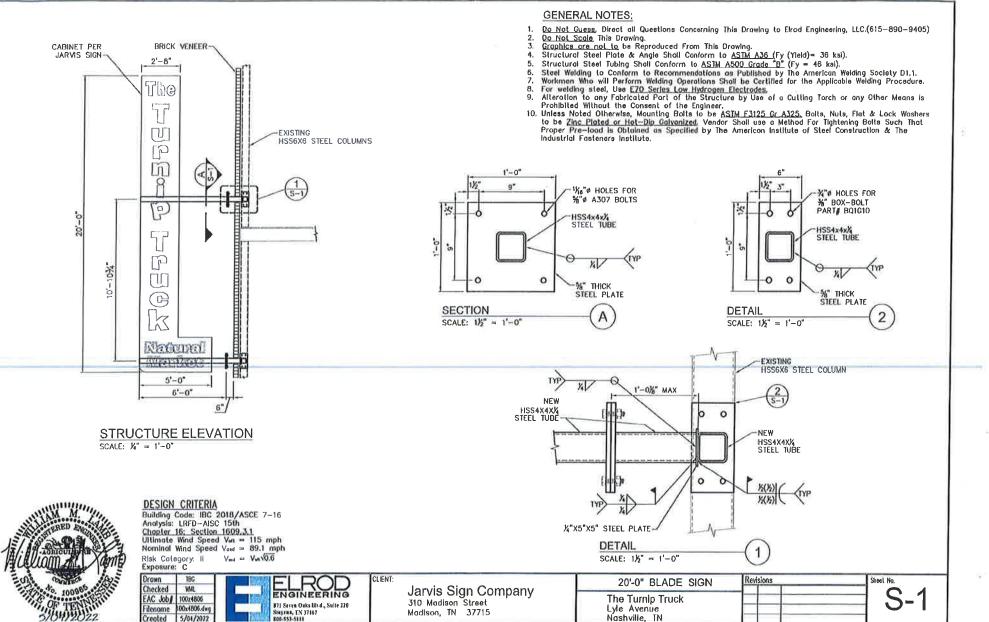


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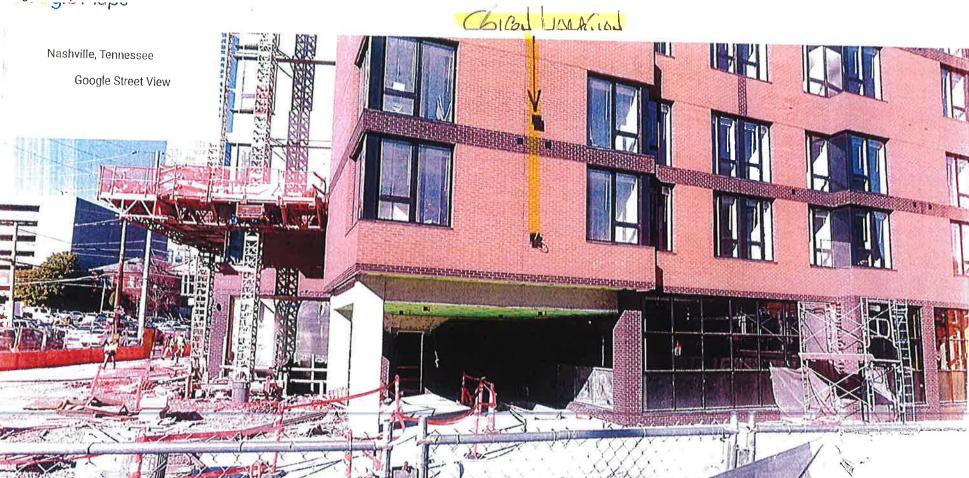
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