

Proposal No. 2021M-005EN-001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/20

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

<b>PRODUCER</b> Marsh USA, Inc. 4000 Comarca Bank Tower 1717 Main Street Dallas, TX 75201-7567  CV10291520-MCIT-20-21	<b>CONTACT NAME:</b> PHONE: FAX: E-MAIL: ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Hartford Accident and Indemnity Insurance Co.</td> <td>22267</td> </tr> <tr> <td>INSURER B : Centinel Insurance Company</td> <td>11000</td> </tr> <tr> <td>INSURER C : Allied World National Assurance Co.</td> <td>12690</td> </tr> <tr> <td>INSURER D : Centry Casualty Company</td> <td>28460</td> </tr> <tr> <td>INSURER E : XI Insurance America</td> <td>24654</td> </tr> <tr> <td>INSURER F : Navigators Insurance Company</td> <td>42507</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Accident and Indemnity Insurance Co.	22267	INSURER B : Centinel Insurance Company	11000	INSURER C : Allied World National Assurance Co.	12690	INSURER D : Centry Casualty Company	28460	INSURER E : XI Insurance America	24654	INSURER F : Navigators Insurance Company
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<b>INSURED</b> Mill Creek Residential Trust LLC 5910N. Central Expressway, Suite 1100 Dallas, TX 75206														

COVERAGES: CERTIFICATE NUMBER: HQ-00072463-01 REVISION NUMBER: 5

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.

FORM NO.	TYPE OF INSURANCE	ADDL. SUBR. RISK(S)	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 APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> ISO/ACT <input checked="" type="checkbox"/> LOC OTHER:		01UNZ05491	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (SA accident) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		01UNZ05491	09/01/2020	09/01/2021	COMBINED SINGLE LIMIT (SA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PRODUCTS \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> ISO <input checked="" type="checkbox"/> RETENTION \$ 10,000		0309-2263	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Products-Comp. App \$ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/DIRECTOR EXCLUSION? (Mandatory in MI) Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	90-20891-01	09/01/2020	09/01/2021	<input checked="" type="checkbox"/> SICK <input type="checkbox"/> S/A LITE <input type="checkbox"/> S/A <input type="checkbox"/> S/A S.L. EACH ACCIDENT \$ 1,000,000 S.L. DISEASE - SA EMPLOYEE \$ 1,000,000 S.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Excess Liability		US00002506.00A	09/01/2020	09/01/2021	\$25,000,000 X5 \$25,000,000
F	Excess Liability		NY20M03209TKV	09/01/2020	09/01/2021	\$15,000,000 X5 \$10,000,000

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

<b>CERTIFICATE HOLDER</b> The Metropolitan Government of Nashville and Davidson County Metro & Legal Claims c/o Insurance and Safety Division 222 3rd Avenue North, Suite 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 of Marsh USA Inc. Manashi Mulherjee <i>Manashi Mulherjee</i>
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