

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/2/2025

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 this certificate does not confer rights to | | | | • | • | • | equire an endorseme | nt. As | statement on | |
|---|---------|--------|------------------------------|----------------|---|--------------------|-------------------------------------|-------------|--------------|--|
| PRODUCER | | | | CONTA NAME: | | <u> </u> | | | | |
| Arthur J. Gallagher Risk Management Services, LLC | | | | | PHONE 0.17 00.1 00.00 FAX | | | | | |
| 2850 Golf Rd Rolling Meadows IL 60008 | | | | | (A/C, No, Ext): 847-631-6309 (A/C, No): E-MAIL ADDRESS: kimberly_proctor1@ajg.com | | | | | |
| | | | | | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| License#: 0D69293 INSURED DEEPGRO-01 | | | | | INSURER A : Acuity, A mutual Insurance Company | | | | 14184 | |
| 450-460 BIDCO LLC | | | | | INSURER B: | | | | | |
| c/o Waud Capital Partners | | | | | INSURER C: | | | | | |
| 300 North LaSalle Street, Suite 4900 | | | | INSURER D: | | | | | | |
| Chicago IL 60654 | | | | | INSURER E : | | | | | |
| | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER: 499895191 | | | | | 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 | INSD V | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LII | MITS | | |
| A X COMMERCIAL GENERAL LIABILITY | | | FB1811 | | 8/8/2025 | 8/8/2026 | EACH OCCURRENCE DAMAGE TO RENTED | | 00,000 | |
| CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$ 100 | ,000 | |
| | | | | | | | MED EXP (Any one person) | \$ 5,00 | 00 | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,00 | 00,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,00 | 00,000 | |
| X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AG | 3 \$2,00 | 00,000 | |
| OTHER: | | | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | | |
| OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accide | nt) \$ | | |
| HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | , | \$ | | |
| UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| DED RETENTION\$ | | | | | | | | \$ | | |
| WORKERS COMPENSATION | | | | | | | PER OTH STATUTE ER | | | |
| AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOY | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIM | | | |
| DESCRIPTION OF OPERATIONS DEIOW | | | | | | | E.L. DISEASE - POLICY LIM | 1 5 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | FS (AC | ORD 10 | 01 Additional Remarks Schedu | le may h | attached if more | e snace is require | 2d) | | | |
| NOTE: 30 Day Notice of Cancellation applie respect to General Liability coverage as evi | es. The | e Metr | ropolitan Government of l | Nashvil | le and Davids | on County is | shown as an additional | | | |
| | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANO | ELLATION | | | | | |
| The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and Safety Division 222 3rd Avenue North, Ste #501 | | | | | 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 | | | | | |
| | | | | | All ATT | | | | | |

Nashville TN 37201