


## Proposal No. 2024M-014EN-001

Client#: 135158	TCRES1	DATE (MM/DD/YYYY) 5/06/2024														
<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>																
<p>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.</p> <p>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).</p>																
<b>PRODUCER</b> Huntington Insurance, Inc. 37 W. Broad St. Columbus, OH 43215 888 576-7900	<b>CONTACT NAME:</b> Alex Mundziak <b>PHONE (A/C, No, Ext):</b> 614-331-4020 <b>FAX (A/C, No):</b> 614-331-4200 <b>E-MAIL ADDRESS:</b> alex.mundziak@huntington.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Associated Industries Insurance Co Inc.</td> <td>23140</td> </tr> <tr> <td>INSURER B : AXIS Surplus Ins Co</td> <td>26620</td> </tr> <tr> <td>INSURER C : Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER D : Gray Surplus Line Ins Co</td> <td>15889</td> </tr> <tr> <td>INSURER E : Ascot Insurance Company</td> <td>23752</td> </tr> <tr> <td>INSURER F : Cincinnati Insurance Company</td> <td>10677</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Associated Industries Insurance Co Inc.	23140	INSURER B : AXIS Surplus Ins Co	26620	INSURER C : Wesco Insurance Company	25011	INSURER D : Gray Surplus Line Ins Co	15889	INSURER E : Ascot Insurance Company	23752	INSURER F : Cincinnati Insurance Company	10677
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<b>INSURED</b> 4th Avenue Property LLC P O Box 2087 Dublin, OH 43017																

POLICY	TYPE OF INSURANCE	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"/> \$25,000 ded per occ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:	AES123216300	03/14/2024	03/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liab \$ 1M Occ/2M Agg
F	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	EBA0640692	12/30/2023	12/30/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	P00100088914302	05/14/2023	05/14/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	WWC3612597 (PA/TN/NV/MD)	09/28/2023	09/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Excess Liab	GSL101337	05/14/2023	05/14/2024	2M XS 2M
E	Excess Liab	ESXS231000219901	05/14/2023	05/14/2024	2M XS 4M
G	Excess Liab	7037108286	05/14/2023	05/14/2024	3M XS 6M

DESCRIPTION OF OPERATION(S) / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Insurer G: Columbia Casualty NAIC #31127  
 RE: 107 4th Avenue, Nashville, TN 37201. Additional Insured per attached CG2012 0509.

<b>CERTIFICATE HOLDER</b>  The Metro Gov't of Nashville & Davidson Ct, Metro Legal & Claims c/o Insurance & Safety Division 222 3rd Ave 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 
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POLICY NUMBER: AES123216300

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED -  
STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION  
OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>State Or Governmental Agency Or Subdivision Or Political Subdivision:</b></p> <p><b>Automatic status when required by written contract, agreement or permit.</b></p>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II - Who Is An Insured** is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury" "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".


LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS  
INTO THE PUBLIC RIGHT OF WAY

I/We, 4th Avenue Property LLC, in consideration of the Resolution No. \_\_\_\_\_, to 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 Public Works 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 Public Works 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 days notice to the Director of Public Works.

I/We further recognize that the license granted hereby is revocable by The Metropolitan Government upon recommendation of the Director of Public Works 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: 3/8/2024

  
\_\_\_\_\_  
(Owner of Property)

107 4th Ave N  
(Address of Property)

Nashville TN 37219  
(City and State)

Ohio  
STATE OF ~~TENNESSEE~~  
Franklin  
COUNTY OF ~~DAVIDSON~~

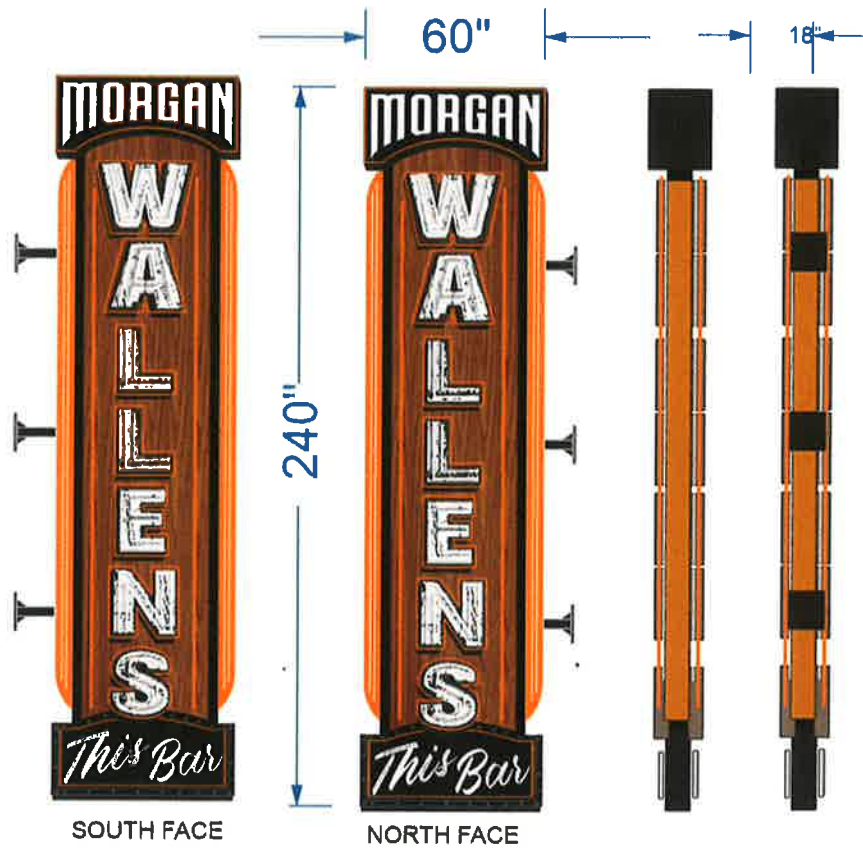
Sworn to and subscribed before  
Me this 8<sup>th</sup> day of MARCH, 2024

  
\_\_\_\_\_  
(NOTARY PUBLIC)

My Commission Expires: November 9, 2027



NICOLE LASHLEY  
Notary Public  
State of Ohio  
My Comm. Expires  
November 9, 2027



2210 DUNN AVE. | NASHVILLE, TN 37211 | (615) 255-3825

DATE	11/30/2023
DESIGNED	
CLIENT	Morgan Wallen's
SALES REP	Jim Rowan
DESIGNER	Jennifer Doneske

**OWNERSHIP OF ARTWORK** Sign Me Up, LLC retains ownership of all original artwork including inventory design and files, and shall have the sole right to reproduce and distribute the design in any form. The purchaser, manufacturer, or reseller of any artwork or ideas designed by Sign Me Up, LLC is strictly prohibited from reselling.

**RELEASE** The purchaser agrees to hold the artist harmless against any cause for action for damages that may occur as a result of drinking for guests and to maintain, including but not limited to, power lines, water lines, gas lines, or any other underground utilities, which the purchaser or contractor may damage.

PRICE	
ESTIMATE	

### PROJECTION SIGN NORTH SIDE ELEVATION

The Morgan Wallen projection sign: one projection sign with open faced channel letters. Each letter is illuminated with white and classic orange Neon accents. The body of the sign has 8 accent border tube of classic orange neon. The projection sign is 177 inches above grade. The sign Projects a total of 72 inches matching the allowed 72 inches. The sign is 100 square feet. The building is 60 feet wide at the top. This allows for 120 square feet of signage on the front of the building. The sign has a 12 inches of clearance from the building as required. The sign is below the window sills on the 4th floor. There are two floors above this sign. This building is unique as it is 6 stories tall. We reduced the height of the sign per historic's request and are asking for this placement in order to do a canopy or a marquee on the First floor. The projection sign is a the maximum allowed width of 18 inches.