

# Kimley»»Horn

October 18, 2022

Sara Cain  
Public Works Department  
720 S. Fifth St.  
Nashville, TN 37206

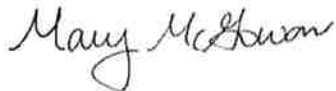
**RE: Parke West – Irrigation  
3415 Murphy Road  
Nashville, TN  
ROW Encroachment Request  
KH Proj: 018959008**

Ms. Cain,

Please accept this letter and application package for the proposed encroachments that will exist within the right-of-way for the Parke West project located at 3415 Murphy Road, Nashville, TN. The proposed encroachments include irrigation for the required street trees along Murphy Road, Murphy Court, and Alley No. 1141.

Please contact me at (615) 800-4004 or [mary.mcgowan@kimley-horn.com](mailto:mary.mcgowan@kimley-horn.com) should you need further information to consider this request.

Sincerely,



Mary McGowan, PE  
Kimley-Horn and Associates



## Description of Encroachments

---

Attached is an exhibit depicting certain portions of the proposed project which will be constructed within the Murphy Road, Murphy Court, and Alley 1141 right-of-ways. The proposed encroachments are listed below.

- Irrigation lines for required street trees

**Metropolitan Government Department of Public Works**  
750 South 5<sup>th</sup> Street ∪ Nashville, TN 37208 ∪ (615) 862-8760 ∪ www.nashville.gov/public-works

**Mandatory Referral Application:**  
*Encroachment: Sign / Awning / Fiber Optic Cable / Other*

\*\*\* Before filing this application, please review checklist on the back of this application. \*\*\*

**Encroachment Type:**

- Awning
- Fiber Optic Cable (∧ ground)
- Fiber Optic Cable (∩ ground)
- Sign
- Other See attached description of encroachment

**Date Submitted:** \_\_\_\_\_

**Mandatory Referral Project No.** \_\_\_\_\_  
(MPW staff assigns project #)

**Map & Parcel(s):** 104060Y00300CO, 10460Y90000CO, 104060Y00200CO, 104060Y00100CO


**Street Address(es):** 3421 Murphy Road, 110 Murphy Court, 100 Murphy Court

**Notarized Signature of Property Owner(s):**

You must obtain the *notarized* signature of all property owners on whose property the sign or awning will occur. Failure to provide this information will deem your application *incomplete* and postpone your application's consideration by the Metropolitan Planning Commission. Copy form below for additional signatures.

As the owner(s) of property, I/we agree to the submission of this mandatory referral application to the Metropolitan Government Department of Public Works for a sign, awning or fiber optic cable encroachment.

Date: Park West Investment Partners, LLC  
(Company Name)

  
(Signature of Property Owner)  
George B. Tomlin  
(Name of Property Owner)  
Manager  
(Title of Property Owner)

3421 Murphy Road, Nashville, TN  
(Address of Property (including city & state))

STATE OF TENNESSEE  
COUNTY OF DAVIDSON  
Sworn to and subscribed before  
Me this 12th day of July, 2008  
  
(Notary Public)  
My Commission Expires: 5/9/2010



**Applicant:** All correspondence will be mailed to the applicant.

Architect  Engineer  Property Owner  Other: \_\_\_\_\_

Name: Mary McGowan

Business: Kimley-Horn

Address: 10 Lea Avenue, Suite 400

City: Nashville State: TN Zip: 37210

Phone: 615.800.4004

business  home  business  mobile

Fax: \_\_\_\_\_

business  home  business  mobile

E-mail: mary.mcgowan@kimley-horn.com

Applicant's Signature: \_\_\_\_\_

**Filing Fee (All application fees are non-refundable)**

Encroachment: Sign / Awning / Fiber Optic Cable \$250.00  
Other

Amount paid: \$ \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

CERTIFICATE OF INSURANCE

This is to further certify to the Metropolitan Government of Nashville and Davidson County concerning the policies of insurance listed above and the coverage provided thereby that:

1. The Contractual Insurance coverage is on a Blanket Broad Form basis unless specifically indicated below,
2. The company or companies, upon request, agree to deliver within fifteen (15) days a certified copy of any and/or all of the policies of insurance to The Metropolitan Government of Nashville and Davidson County,
3. If one (1) or more Umbrella Excess policies are used, there is no gap between the limits of the primary policies and the deductible feature of the Umbrella Excess policies,
4. Coverage under the primary policies have no deductible features unless there is a check mark here (  ). If there are deductible features or the insured has adopted a funded self-insurance program, they are fully explained on an attached sheet which becomes a part of this Certificate, and
5. The coverage provided shall not be cancelled, reduced in coverage, or allowed to lapse unless and until The Metropolitan Government of Nashville and Davidson County receives at least thirty (30) days advance written notice of same. The written notice must be delivered to the Metropolitan Risk Manager at his office shown as the address of the Certificate Holder below or the secondary Certificate Holder, if one is so listed below.

Name and Address of Certificate Holder

The Metropolitan Government of  
Nashville and Davidson County  
Metro Legal & Claims  
C/O Insurance and Safety Division  
222 3<sup>rd</sup> Avenue North, Ste #501  
Nashville, TN 37201

Date Issued: 5/10/2022

Hub International Midwest Limited  
(Agency or Company)

by Neil R. Hughes  
(Authorized Representative)  
(Attach Power of Attorney)

CERTIFICATE OF INSURANCE

FOR CONTRACTORS DOING BUSINESS WITH  
THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

(THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
COVERAGE AFFORDED BY THE POLICIES LISTED BELOW)

Name and Address of Agency HUB International 1411 Opus Place, Suite 450 Downers Grove, IL 60515		Companies Affording Coverage				
Name and Address of Insured Parke West Venture Partners, LLC; Hoar Construction 9010 Overlook Blvd Brentwood, TN 37027		Company Letter A Evanston Insurance Company				
		Company Letter B Arch Specialty Insurance Company				
		Company Letter C				
		Company Letter D				
		Company Letter E				
This is to certify that policies of insurance listed below have been issued to the insured names above and are in force at this time.						
Company Letter	Type of Insurance	Policy Number	Date of Expiration	Limits of Liability In Thousands		
A	General Liability <input checked="" type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises Operation <input type="checkbox"/> Explosion and Collapse Hazard <input type="checkbox"/> Underground Hazard <input type="checkbox"/> Products Completed Operations Hazard <input type="checkbox"/> Contractual Insurance <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Personal Injury	MKLV1PHC001046	9/10/2022		Each Occurrence	Aggregate
				Bodily Injury	\$ 2MM	\$ 2MM
				Property Damage	\$ 100,000	\$
				Personal Injury		\$ 2MM
	Automobile Liability <input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non Hired			Bodily Injury (Each Person)	\$	
				Bodily Injury Each Accident	\$	
				Property Damage	\$	
				Bodily Damage	\$	
				Property Damage Combined	\$	
B	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than _____ Umbrella Form	UXP1037859 00	9/10/2022	Bodily Injury And Property Damage Combined	\$ 5MM	\$ 5MM
	Worker's Liability And Employer Liability	L&WH Act Jones Act		Statutory		
					\$	Each Occurrence
A	OTHER Excess Liability	MKLV1EU100651	9/10/2022		\$5MM	\$5MM



GBTREAL-05

LNOYOLA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2023

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> License # 1298 Hub International Mid-South 3011 Armory Drive Suite 250 Nashville, TN 37204	<b>CONTACT NAME:</b> Katie Dickson, CISR, CRIS, MLIS, AAI, CIC <b>PHONE (A/C, No, Ext):</b> (615) 687-2851 <b>FAX (A/C, No):</b> (615) 687-2852 <b>E-MAIL ADDRESS:</b> katie.dickson@hubinternational.com
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURER A:</b> American Zurich Insurance Company	40142
<b>INSURER B:</b> The Continental Insurance Company	35289
<b>INSURER C:</b> Zurich American of Illinois	27855
<b>INSURER D:</b> American Guarantee & Liability Insurance Company	26247
<b>INSURER E:</b>	
<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
------------------	----------------------------	-------------------------

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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <b>X</b> OCCUR		<b>CPO-7282164-02</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <b>X</b> PROJECT <b>X</b> LOC						
OTHER:						
<b>A</b>	<b>X</b> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		<b>CPO-7282164-02</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>B</b>	<b>X</b> UMBRELLA LIAB <b>X</b> OCCUR EXCESS LIAB CLAIMS-MADE DED <b>X</b> RETENTION \$ <b>10,000</b>		<b>CUE6080908652</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b>
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <b>N</b> N/A	<b>WC-0664150-07</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	<b>X</b> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Excess Liability</b>		<b>AEC 3429619-03</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	<b>Occ/Agg</b> <b>15,000,000</b>
<b>D</b>	<b>Excess Liability</b>		<b>AEC 3429619-03</b>	<b>1/1/2023</b>	<b>1/1/2024</b>	<b>Retention</b> <b>10,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The certificate holder is included as additional insured under General Liability when required to add as additional insured under a written contract or written agreement, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use by the Insured of the premises shown in this certificate per CG 20 18 04 13. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for the certificate holder.

A waiver of subrogation applies when required by written contract executed prior to a loss.  
This insurance is primary to and will not seek contribution from any other insurance available to an additional insured provided that: The insured is required SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and 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 
--	--



### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Hub International Mid-South</b>		License # 1298	NAMED INSURED <b>Park West Investment Partners, LLC 9010 Overlook Boulevard Brentwood, TN 37027</b>
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Description of Operations/Locations/Vehicles:  
by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.**

**If the above doesn't apply to the interest's nature: The General Liability policy also contains form U GL-1504-B CW (04/13) General Liability Supplemental Coverage Endorsement - Real Estate - Enhancement form which includes a blanket additional insured as required by written contract.**

**The Umbrella Liability policy provides excess limits over the scheduled underlying primary Commercial General Liability, Business Auto Liability, and Employers Liability policies' limits, subject to the Umbrella policy's terms, conditions and exclusions.**

**30 day notice of cancellation applies.**

LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS  
INTO THE PUBLIC RIGHT OF WAY

I/We, Parke West Investment Partners, 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: \_\_\_\_\_

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

3421 Murphy Road  
(Address of Property)

Nashville, TN  
(City and State)

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before

Me this 12<sup>th</sup> day of May, 2022

  
(NOTARY PUBLIC)

My Commission Expires: 5/9/23





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2023

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> License # 1298 <b>Hub International Mid-South</b> 3011 Armory Drive Suite 250 Nashville, TN 37204	<b>CONTACT NAME:</b> Katie Dickson, CISR, CRIS, MLIS, AAI, CIC <b>PHONE (A/C, No, Ext):</b> (615) 687-2851 <b>FAX (A/C, No):</b> (615) 687-2852 <b>E-MAIL ADDRESS:</b> katie.dickson@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b>  <b>Park West Investment Partners, LLC</b> 9010 Overlook Boulevard Brentwood, TN 37027	<b>INSURER A :</b> American Zurich Insurance Company <b>40142</b>	
	<b>INSURER B :</b> The Continental Insurance Company <b>35289</b>	
	<b>INSURER C :</b> Zurich American of Illinois <b>27855</b>	
	<b>INSURER D :</b> American Guarantee & Liability Insurance Company <b>26247</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

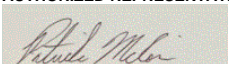
**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPO-7282164-02	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPO-7282164-02	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUE6080908652	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC-0664150-07	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	<b>Excess Liability</b>			AEC 3429619-03	1/1/2023	1/1/2024	<b>Occ/Agg</b>	15,000,000
D	<b>Excess Liability</b>			AEC 3429619-03	1/1/2023	1/1/2024	<b>Retention</b>	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The certificate holder is included as additional insured under General Liability when required to add as additional insured under a written contract or written agreement, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use by the Insured of the premises shown in this certificate per CG 20 18 04 13. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for the certificate holder.

A waiver of subrogation applies when required by written contract executed prior to a loss.  
This insurance is primary to and will not seek contribution from any other insurance available to an additional insured provided that: The insured is required SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b>  The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and 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 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Hub International Mid-South</b>		License # 1298	NAMED INSURED Park West Investment Partners, LLC 9010 Overlook Boulevard Brentwood, TN 37027
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.

If the above doesn't apply to the interest's nature: The General Liability policy also contains form U GL-1504-B CW (04/13) General Liability Supplemental Coverage Endorsement - Real Estate - Enhancement form which includes a blanket additional insured as required by written contract.

The Umbrella Liability policy provides excess limits over the scheduled underlying primary Commercial General Liability, Business Auto Liability, and Employers Liability policies' limits, subject to the Umbrella policy's terms, conditions and exclusions.

30 day notice of cancellation applies.

