

Proposal No. 2024M-028EN-001

ACORD	CERTIFICATE OF LIABILITY INSURANCE	DATE (MMDDYYYY) 12/04/2024
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(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).		
PRODUCER McGriff Insurance Services LLC 3322 West End Ave., Suite 300 Nashville, TN 37203	CONTACT NAME: Regina Harris PHONE (A/C, No, Ext): 615-346-0330 FAX (A/C, No): 8777677417 E-MAIL ADDRESS: REHarris@mcgriff.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Company NAIC # 25658 INSURER B: Travelers Property Casualty Co of Amer 25674 INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Nashville Urban Partners 2006, LLC 124 12th Ave. S., Suite 600 Nashville, TN 37203-3142		

COVERAGE	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.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">INSR LTR</th> <th style="width: 35%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADDITIONAL SUBSCRIBER</th> <th style="width: 15%;">POLICY NUMBER</th> <th style="width: 10%;">POLICY EFF (MMDDYYYY)</th> <th style="width: 10%;">POLICY EXP (MMDDYYYY)</th> <th style="width: 25%;">LIMITS</th> </tr> <tr> <td style="text-align: center;">A</td> <td> <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: </td> <td style="text-align: center;">X</td> <td>Y630962J4170IND23</td> <td>07/01/2024</td> <td>07/01/2025</td> <td> EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$ </td> </tr> <tr> <td style="text-align: center;">A</td> <td> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> </td> <td></td> <td>BA9T9265702314G</td> <td>07/01/2024</td> <td>07/01/2025</td> <td> COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ </td> </tr> <tr> <td style="text-align: center;">B</td> <td> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ </td> <td></td> <td>CUP9T9272902314</td> <td>07/01/2024</td> <td>07/01/2025</td> <td> EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$ </td> </tr> <tr> <td style="text-align: center;">B</td> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td style="text-align: center;">Y/N N / N/A</td> <td>UB9T9257212314G</td> <td>08/16/2023</td> <td>08/16/2024</td> <td> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000 </td> </tr> </table>	INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBSCRIBER	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y630962J4170IND23	07/01/2024	07/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		BA9T9265702314G	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Per 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 RETENTION \$		CUP9T9272902314	07/01/2024	07/01/2025	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$	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 N / N/A	UB9T9257212314G	08/16/2023	08/16/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Loc. #9 - 905 Gleaves Street, Nashville, TN 37203 The Metropolitan Government of Nashville and Davidson County is included as an Additional Insured as respects to General Liability.																																					

CERTIFICATE HOLDER Metropolitan Government of Nashville and Davidson County Metro Legal & Claims c/o Insurance & Safety Division 222 3rd Ave. N., Ste. #501 Nashville, TN 37201	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. AUTHORIZED REPRESENTATIVE
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LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS
INTO THE PUBLIC RIGHT OF WAY

I/We, Nashville Urban Partners 2006, 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.

Martin S. Phillips

DATE: 12/3/2024

Nashville Urban Partners 2006, LLC

(Owner of Property)

905 Gleaves St

(Address of Property)

Nashville, TN 37203

(City and State)

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before

Me this 3 day of December, 2024

Valerie Campbell
(NOTARY PUBLIC)

My Commission Expires: 5-3-2027



PROJECT SCHEDULE

SIGN TYPE/ DESCRIPTION:	QTY.:	PG.
BB.A. NON-ILLUM. D/S BLADE SIGN w/ DIMN. LOGOTYPE.	ONE (1)	6
BB.B. NON-ILLUM. D/S BLADE SIGN w/ DIMN. COMPASS LOGOMARK.	ONE (1)	8

PROJECT:



NASHVILLE
905 GLEAVES ST
NASHVILLE, TN 37203

REVISIONS

#	DATE	DB	NOTES
R1	6/28/2024	JS	R1- REV. BLADE SIGN DESIGN.
R2	6/25/2024	JS	R2- BLADE SIGNS ON ARM BRACKETS.
R3	10/1/2024	JS	R3- REV. BLADE SIGN BRACKET.

AREA MAP



VICINITY MAP





TYPOGRAPHY

RIVIAN ADVENTURE (LIGHT)

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 1234567890!@#%&*

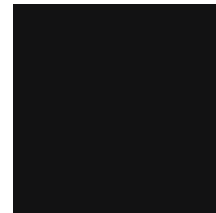
RIVIAN ADVENTURE (MEDIUM)

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 1234567890!@#%&*

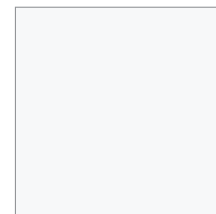
RIVIAN ADVENTURE (BOLD)

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 1234567890!@#%&*

PAINT



PT-1
 Signal Black
 RAL 9004
 Matte clear finish



PT-2
 Signal White
 RAL 9003
 Matte clear finish



PT-8
 Tangerine Tango
 PMS 7597 C
 Matte clear finish

VINYL

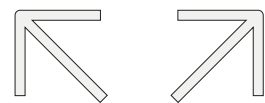
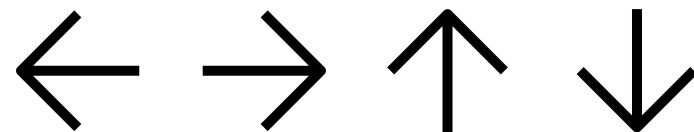


VN-1
 Matte Black
 3M Scotchcal
 7725-12



VN-2
 Matte White
 3M Scotchcal
 7725-20

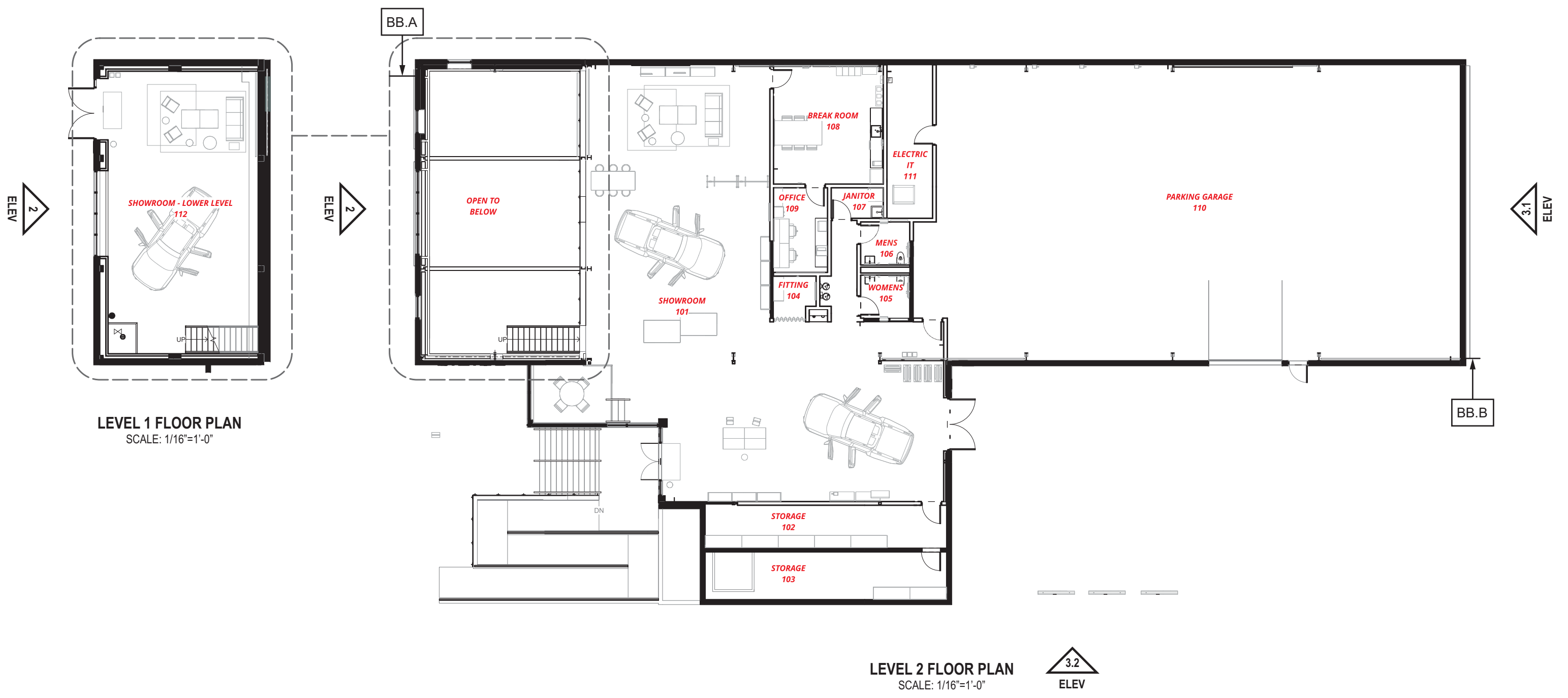
DIRECTIONAL ARROWS



Limit use of diagonal arrows

SYMBOLS





LEVEL 1 FLOOR PLAN
SCALE: 1/16"=1'-0"

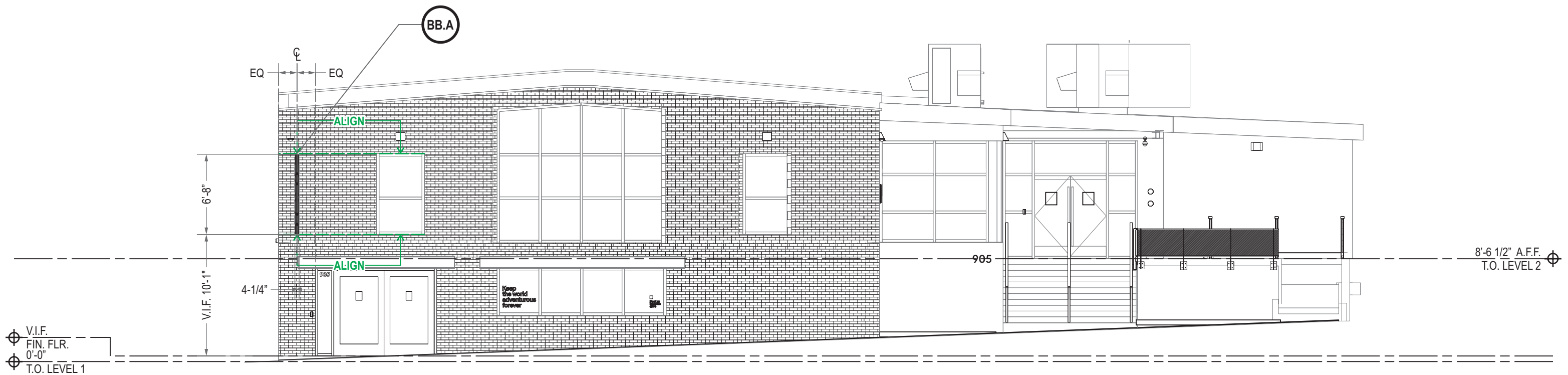
LEVEL 2 FLOOR PLAN
SCALE: 1/16"=1'-0"

LEAD NO. 221486-R3	SM/PM RH/DD	REVIEW	SHEET NO. 3 of 9
DATE 3/20/2024	ARTIST JS	SEG. NO.	

EXTERIOR NORTH ELEVATION

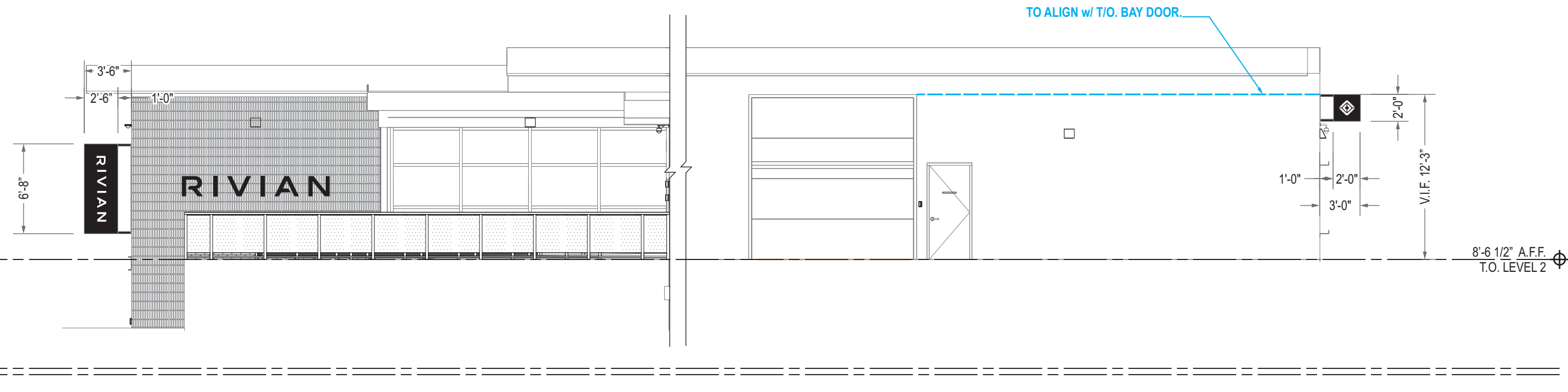
SCALE: 1/8"=1'-0"

2



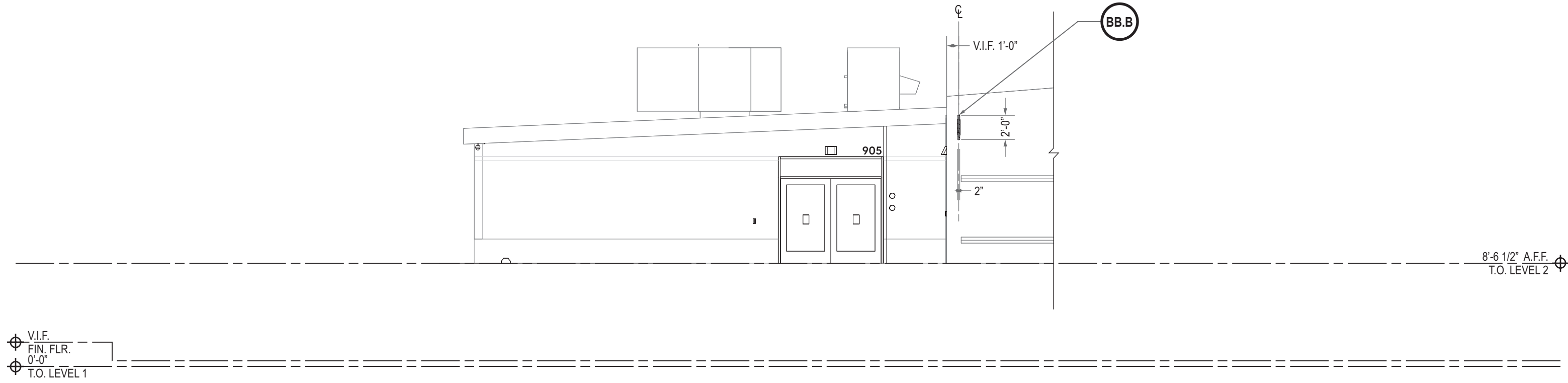
EXTERIOR ELEVATION
SCALE: AS NOTED

3



V.I.F.
FIN. FLR.
0'-0"
T.O. LEVEL 1

3.2) WEST ELEVATION
SCALE: 1/8"=1'-0"



V.I.F.
FIN. FLR.
0'-0"
T.O. LEVEL 1

3.1) SOUTH ELEVATION
SCALE: 1/8"=1'-0"

persōna | **TRIANGLE**
SIGNAGE LIGHTING FACILITY SERVICES

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Baltimore, Maryland 21227
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CLIENT & LOCATION

RIVIAN

NASHVILLE
905 GLEAVES ST
NASHVILLE, TN 37203

LEAD NO. 221486-R3	SM/PM RH/DD	REVIEW	SHEET NO. 5 of 9
DATE 3/20/2024	ARTIST JS	SEG. NO.	

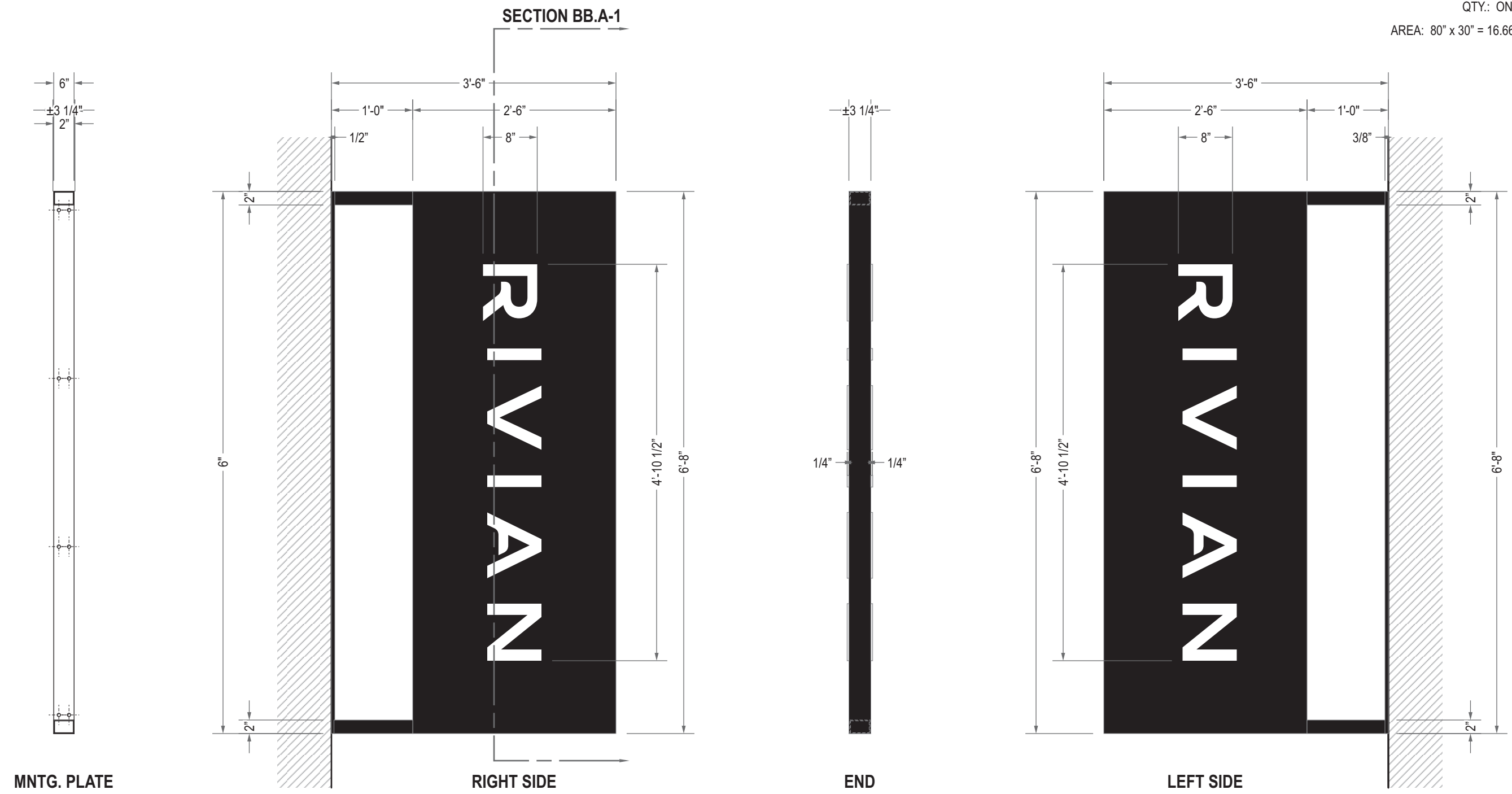
NON-ILLUM. D/S BLADE SIGN w/ DIMN. LOGOTYPE

SCALE: 3/4"=1'-0"

QTY.: ONE (1)

AREA: 80" x 30" = 16.667' \sphericalangle

BB.A



FINISH SCHEDULE

RAL 9004 SIGNAL BLACK MATTE	RAL 9003 WHITE MATTE
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LEAD NO. 221486-R3	SM/PM RH/DD	REVIEW	SHEET NO. 6 of 9
DATE 3/20/2024	ARTIST JS	SEG. NO.	

TYP. NON-ILLUM. D/S BLADE SIGN w/ DIMN. LOGOTYPE ID SECTION DETAIL

BB.A
-1

SCALE: N.T.S.

EXTERIOR/ OUTDOORS

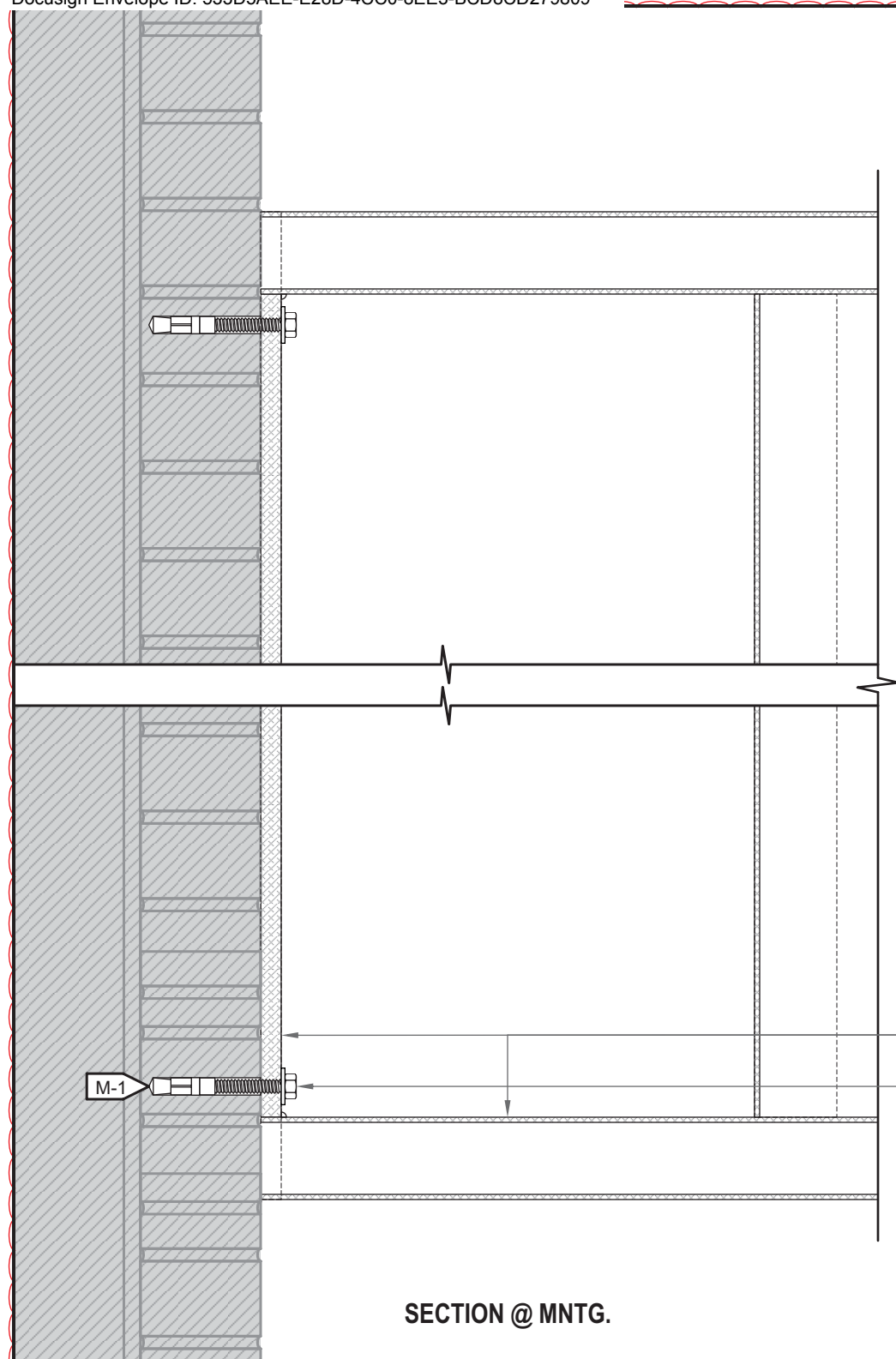
(A) FACE	
MATERIAL:	1/8" ALUM.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.
VINYL:	N/A.
COLOR:	N/A.

(B) TYPE	
MATERIAL:	1/4" ACRYLIC PLATE.
COLOR/ FINISH:	RAL 9003 WHITE/ MATTE.

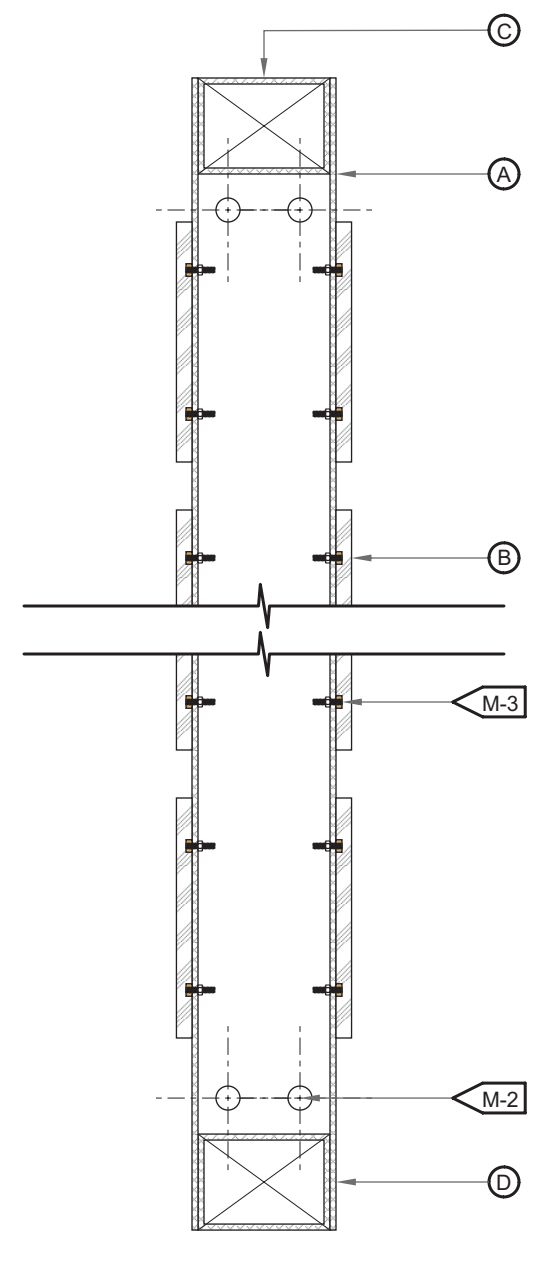
(C) RETURN	
DEPTH:	±3-1/4" O.A.
MATERIAL:	3" x 2" HEAVY WALL ALUM. TUBE.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.

(D) ARM BRACKET	
MATERIAL:	3" x 2" HEAVY WALL ALUM. TUBE w/ 3" x 80" x 3/8" ALUM. PLATE.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.

(M) MOUNTING	
M-1:	SEE INSTALL NOTE. ALL PENETRATIONS MUST BE MADE IN MORTAR JOINTS ONLY!
M-2:	Ø3/8" MECH. FASTENER w/ MASONRY ANCHORS.
M-3:	4-40 THREADED INSERT w/ 4-40 THREADED STUD & NUT.



SECTION @ MNTG.



SECTION

- INSTALL**
1. CUSTOMER G.C. TO PROVIDE ADEQUATE WOOD OR MTL. BLOCKING IN CORRELATION W/ FACADE FRAMING AS REQUIRED.
 2. INSTALLER IS TO V.I.F. & PROVIDE THE PROPER NON-CORROSIVE MOUNTING HARDWARE TO ENSURE SAFE INSTALLATION.
 3. ALL EXTERIOR FACADE PENETRATIONS TO BE WATERTIGHT.
 4. INSTALLATION TO MEET CURRENT N.E.C., U.L. & LOCAL CODES. LOCATION OF THE DISCONNECT SWITCH AFTER INSTALLATION SHALL COMPLY WITH ARTICLE 600.6(A) (1) OF THE NATION ELECTRICAL CODE

NON-ILLUM. D/S BLADE SIGN w/ DIMN. COMPASS LOGOMARK

BB.B

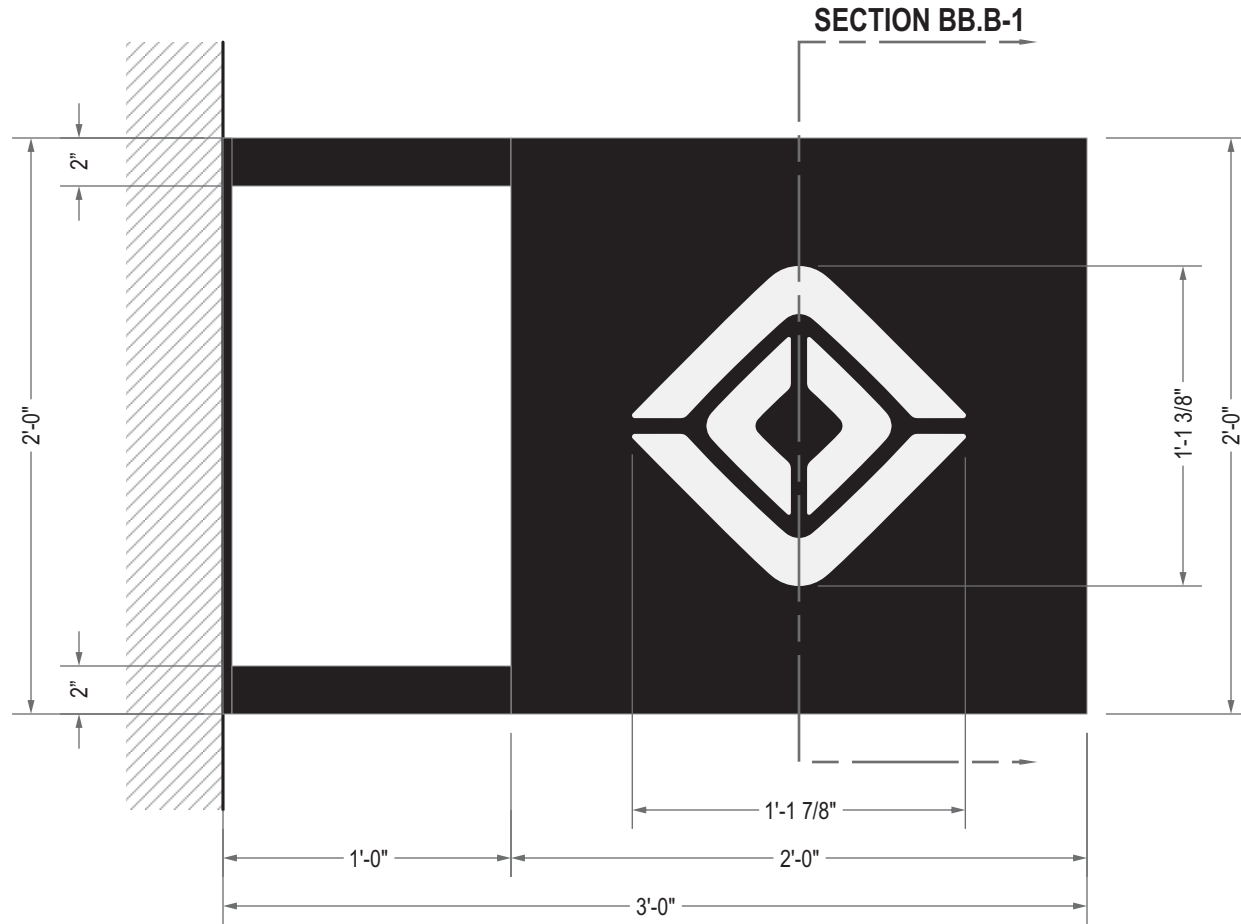
SCALE: 1-1/2"=1'-0"

QTY.: ONE (1)

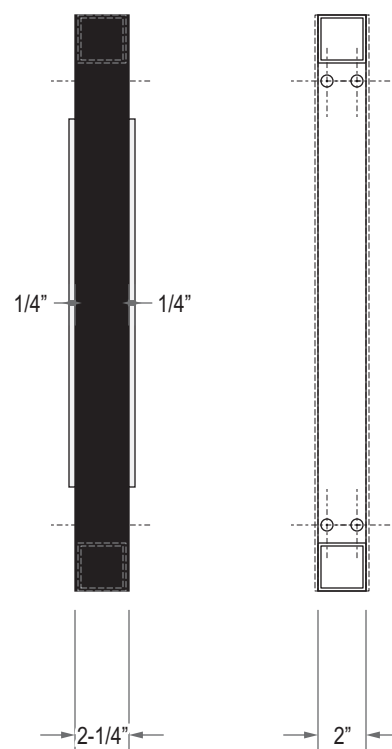
AREA: 24" x 24" = 4' ∅



TOP

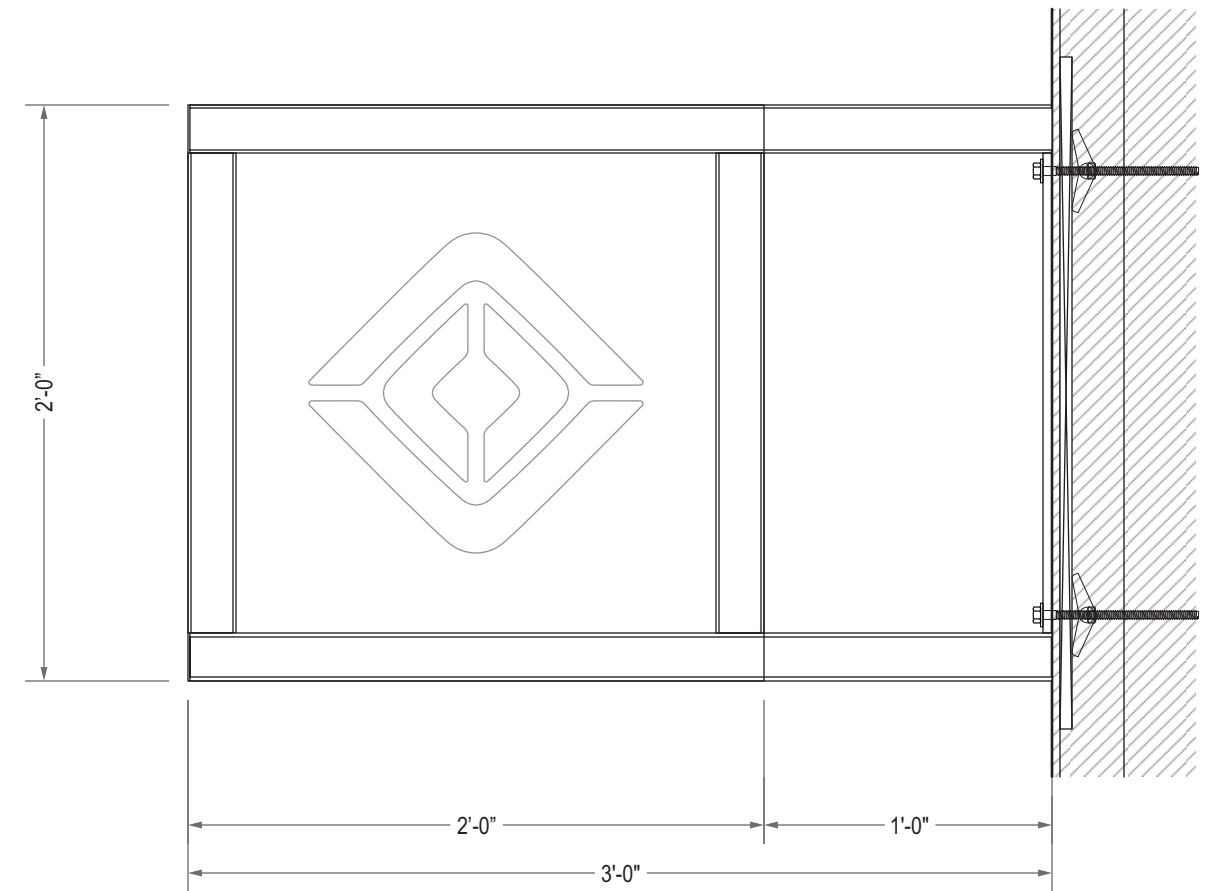


RIGHT SIDE



END

MNTG.
PLATE



LEFT SIDE FRAMING

FINISH SCHEDULE

RAL 9004 SIGNAL BLACK MATTE	RAL 9003 WHITE MATTE
-----------------------------------	----------------------------

TYP. NON-ILLUM. D/S BLADE SIGN w/ DIMN. LOGOTYPE ID SECTION DETAIL

BB.B
-1

SCALE: N.T.S.

EXTERIOR/ OUTDOORS

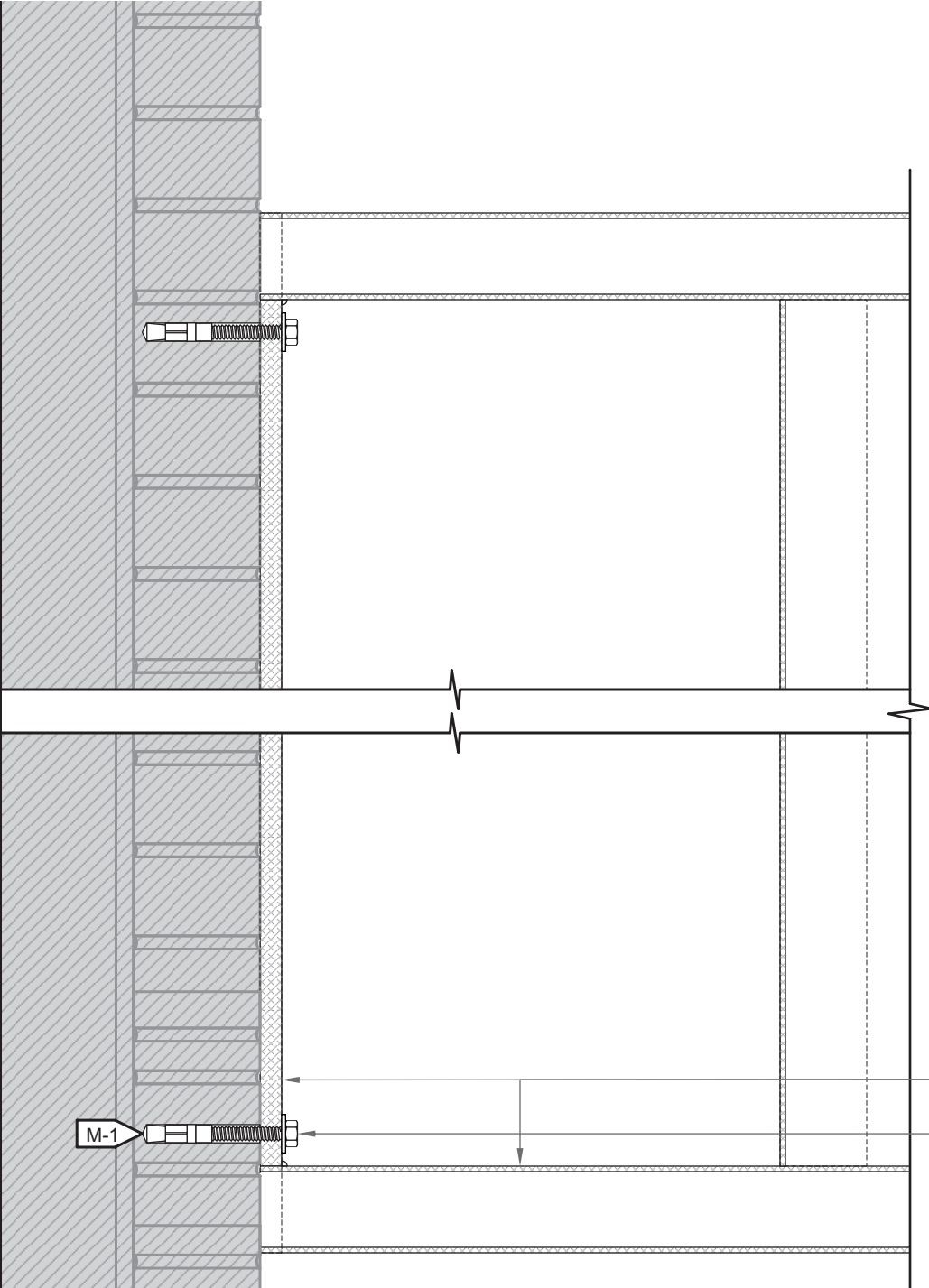
(A) FACE	
MATERIAL:	1/8" ALUM.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.
VINYL:	N/A.
COLOR:	N/A.

(B) TYPE	
MATERIAL:	1/4" ACRYLIC PLATE.
COLOR/ FINISH:	RAL 9003 WHITE/ MATTE.

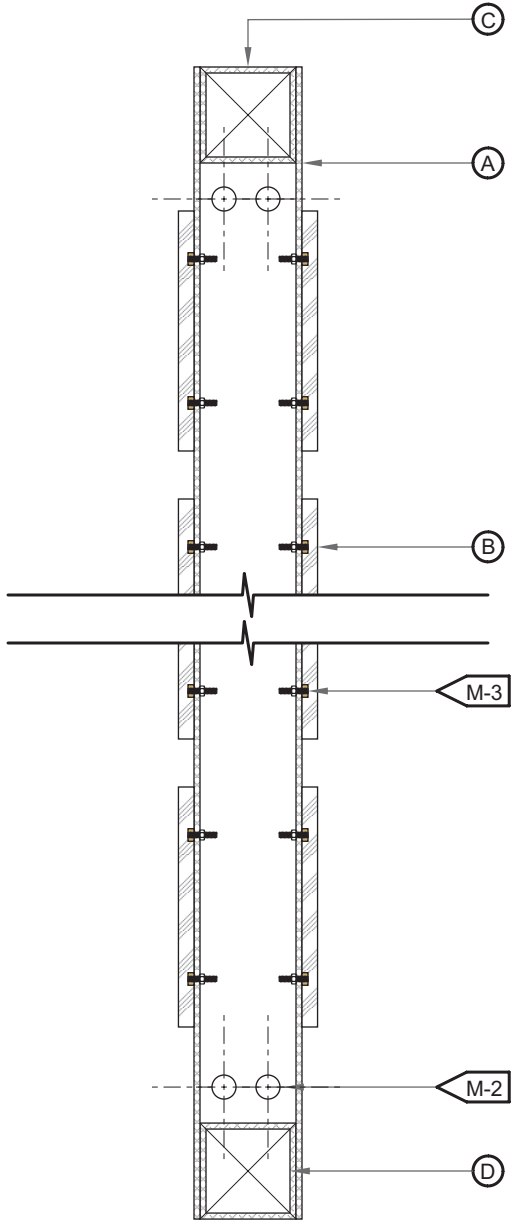
(C) RETURN	
DEPTH:	±3-1/4" O.A.
MATERIAL:	2" x 2" ALUM. TUBE.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.

(D) ARM BRACKET	
MATERIAL:	2" x 2" ALUM. TUBE w/ 2" x 24" x 3/8" ALUM. PLATE.
COLOR/ FINISH:	RAL 9004 SIGNAL BLACK/ MATTE.

(M) MOUNTING	
M-1:	SEE INSTALL NOTE. ALL PENETRATIONS MUST BE MADE IN MORTAR JOINTS ONLY!
M-2:	Ø3/8" MECH. FASTENER w/ MASONRY ANCHORS.
M-3:	4-40 THREADED INSERT w/ 4-40 THREADED STUD & NUT.



SECTION @ MNTG.



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