Proposal No. 2021M-004EN-001

Client#: 1755990 WOODFINV

ACORD. **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY): 8/21/2020

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
USI Ins Svcs Wrap Proj Spec
3190 Fairview Park Drive Suite 400
Falls Church, VA 22042-4546
703 698-0788

CONTACT NAME: Irene Fick
PHONE (A/C, No, Ext): 703 698-0788 FAX (A/C, No): 610 362-8377
E-MAIL ADDRESS: irene.fick@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Houston Casualty Company	42374
INSURER B: Evanston Insurance Company	35378
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
State Street Midtown L.P.
3403 Cummings Lane
Chevy Chase, MD 20815

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	Y	Y	H19PC3118400	12/17/2019	12/17/2024	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$Excluded
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	POLICY X PROJECT / LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	X OTHER:			As Scheduled			Deductible	$25,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			MKLV2EUL10377	12/17/2019	12/17/2024	EACH OCCURRENCE	$8,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$16,000,000
	DED / RETENTION $						Products Agg	$8,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess Liability 2nd layer			H19XC5121600	12/17/2019	12/17/2024	$15,000,000 Occ/$30M Aggregate/Products Agg $15,000,000	

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

General Liability Deductible is per occurrence $25,000 for bodily injury and property damage
Terrorism is included
Project aggregate applies as per scheduled jobs
RE: 1610 State Street, Nashville TN Certificate holder is an additional insured in respects to general liability.30 day cancellation notice provided.

CERTIFICATE HOLDER

The Metropolitan Government of
Nashville and Davidson County
and Metro Legal & Claims, 222
3rd Ave. North, #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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