

Proposal No. 2022M-029EN-001



CERTIFICATE OF LIABILITY INSURANCE

DATE REVISED
06/20/07

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).

PRODUCER WESTERN Ins. 4420 Central Bank Tower 1117 1st Street Dallas, TX 75201-7297 CALL 800-929-4627 or 214-751-2300 FAX 214-751-2300 WEB www.westernins.com	CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No.): _____ E-MAIL: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: Allied World Surplus Lines Insurance Company INSURER B: NA INSURER C: NA INSURER D: NA INSURER E: NA INSURER F: NA
--	--

COVERAGES: _____ CERTIFICATE NUMBER: 001 2022060000 REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NEURODYNAMICS ADJUV FOR THE POLICY PERIOD INDICATED. REMAINS ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH REFERENCE TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IN NO EVENT MAY HAVE BEEN REDUCED BY THIS CERTIFICATE.

INSURER	TYPE OF INSURANCE	INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMIT
A	COMBINED GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> CLAIMS MADE AND OCCUR <input type="checkbox"/> OCCUR LIMIT: AGGREGATE LIMIT: \$5,000,000 PER YEAR: \$5,000,000 PER OCCASION: \$5,000,000 OTHER: _____	001-2022	06/01/22	06/30/23	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADJ INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPLETED OPERATIONS \$ 2,000,000
A	COMBINED SINGLE LIMIT (CSL) INCLUDING BODILY INJURY (Per person)	<input type="checkbox"/> BODILY INJURY (Per person) <input type="checkbox"/> BODILY INJURY (Per contract) <input type="checkbox"/> PROPERTY DAMAGE (Per contract)				COMBINED SINGLE LIMIT (CSL) INCLUDING BODILY INJURY (Per person) \$ BODILY INJURY (Per contract) \$ PROPERTY DAMAGE (Per contract) \$
A	EXCESS LIABILITY	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> EXCESS LIABILITY				EXCESS LIABILITY \$ EXCESS LIABILITY \$
A	EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY				EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY \$

REPORT ON OPERATIONS LOCATIONS (VENUE) OF (GROUND) 001, Address: Franklin School St, may be affected (to name space to name):
 Ag: Westco 2022
 This certificate is not a contract. It is a statement of the terms and conditions of the insurance policy. The insurance policy is the contract between the insured and the insurer. The insurance policy is the contract between the insured and the insurer. The insurance policy is the contract between the insured and the insurer.

CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson County, Health & Long Term Care 222 Third Avenue North, Suite 501 Nashville, TN 37203	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE HEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE D'Nave JSA Inc
---	---