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

|   | _  |              |                            |   |   | SHVIMAI-01   |              |  |                 | NCRATZ                     |  |
|---|--|--------------|----------------------------|---|---|--|--------------|--|-----------------|----------------------------|--|
| A   | CORD .   |              |                            |   |   |  |              |  | DATE (MWDDYYYY) |                            |  |
| CERTIFICATE OF LI   |  |              |                            |   | ABILITY INSURANCE                               |  |              |  | 6/25/2024       |                            |  |
| B   | HIS CERTIFICATE IS ISSUED AS A<br>ERTIFICATE DOES NOT AFFIRMAT<br>ELOW. THIS CERTIFICATE OF INS<br>EPRESENTATIVE OR PRODUCER, AI | IVEL<br>BUR/ | Y OF                       | R NEGATIVELY AMEND,<br>E Does not constitu    | EXTE  | ND OR ALT  | ER THE CO    | OVERAGE AFFORDED   | BY TH           | E POLICIES                 |  |
| l II  | MPORTANT: If the certificate holder<br>SUBROGATION IS WAIVED, subjecting certificate does not confer rights to                   | ct to        | the                        | terms and conditions of                       | the pol   | icy, certain p   | policies may | NAL INSURED provision<br>require an endorsemen           | isorb<br>t. A s | e endorsed.<br>tatement on |  |
| -   | DUCER  |              | COIL                       | incute notice in the or of                    | CONTAC  |  | •            |  |                 |                            |  |
| Onecap Services LLC<br>77 Spruce Street, Suite 203  |  |              |                            |   | PHONE (AIC, No, Ext): (516) 545-0500 (AIC, No): |  |              |  |                 |                            |  |
| Cedarhurst, NY 11516  |  |              |                            |   | ACORESS: info@onecapilc.com                     |  |              |  |                 |                            |  |
|   |  |              |                            |   | INSURER(S) AFFORDING COVERAGE                   |  |              |  |                 | NAIC #                     |  |
|   |  |              |                            |   | INSURER A : United Specialty Insurance Co       |  |              |  |                 | 29599                      |  |
| INSURED   |  |              |                            |   | INSURER B: Capitol Specialty Ins. Corp.         |  |              |  |                 | 10328                      |  |
| Shville Main QOZB, LLC<br>62 Beach Street   |  |              |                            |   | INSURER C:                                      |  |              |  |                 |                            |  |
|   | New York, NY 10013   |              | INSURER D :<br>INSURER E : |   |   |  |              |  |                 |                            |  |
|   |  |              | INSURER F:                 |   |   |  |              |  |                 |                            |  |
| COVERAGES CERTIFICATE NUMBER:   |  |              |                            |   |   | REVISION NUMBER:   |              |  |                 |                            |  |
| Ţ   | HIS IS TO CERTIFY THAT THE POLICIE   | 8 0          | FINS                       | SURANCE LISTED BELOW                          | HAVE B  | EEN ISSUED 1   | TO THE INSU  | RED NAMED ABOVE FOR T                                    | HE PO           | LICY PERIOD                |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER |  |              |                            |   |   |  |              |  |                 |                            |  |
| INSR  | XCLUSIONS AND CONDITIONS OF SUCH   | ADDL         | SUBR                       |   | BEEN F  | POLICY EFF   | POLICY EXP   | I  |                 |                            |  |
| A   | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY  | INSD         | WVD                        | POLICY NUMBER                                 |   | (MM/DDYYYY)  | (MM/DDYYYY)  | EACH OCCURRENCE  |                 | 1,000,000                  |  |
|   | CLAIMS-MADE X OCCUR  | x            |                            | FXZ000529/2400                                |   | 3/10/2024  | 3/10/2025    | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)             | *               | 50,000                     |  |
|   |  | n            |                            |   |   |  |              | MED EXP (Any one person)                                 | 8               |                            |  |
|   |  |              |                            |   |   |  |              | PERSONAL & ADV INJURY                                    | 8               | 1,000,000                  |  |
|   | GENL AGGREGATE LIMIT APPLIES PER:  |              |                            |   |   |  |              | GENERAL AGGREGATE  | 8               | 2,000,000                  |  |
|   | POLICY PECT LOC  |              |                            |   |   |  |              | PRODUCTS - COMPYOP AGG                                   | \$              | 2,000,000                  |  |
| $\vdash$  | OTHER:   | <u> </u>     | ┝                          |   |   |  |              | ASSAULT BATTERY COMBINED SINGLE LIMIT                    | \$              | 200,000                    |  |
|   | ANY AUTO   |              |                            |   |   |  |              | (Ea accident)  | \$              |                            |  |
|   | OWNED SCHEDULED AUTOS ONLY   |              |                            |   |   |  |              | BODILY INJURY (Per person)  BODILY INJURY (Per accident) |                 |                            |  |
|   | HIRED NON-OWNED  |              |                            |   |   |  |              | PROPERTY DAMAGE<br>(Per accident)                        | 8               |                            |  |
|   | _ xorosoner  |              |                            |   |   |  |              | ,  | 8               |                            |  |
| В   | X UMBRELLA LIAB X OCCUR  |              |                            |   |   |  |              | EACH OCCURRENCE  | 8               | 5,000,000                  |  |
|   | EXCESS LIAB CLAIMS-MADE  |              |                            | X\$23022343-01                                |   | 3/10/2024  | 3/10/2025    | AGGREGATE  | \$              | 5,000,000                  |  |
| $\vdash$  | DED X RETENTIONS 0   | -            | $\vdash$                   |   |   |  |              | PER OTH-   | \$              |                            |  |
|   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   |              |                            |   |   |  |              |  |                 |                            |  |
|   | OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)  | N/A          | 1                          |   |   |  |              | E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE           | *               |                            |  |
|   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |              |                            |   |   |  |              | EL DISEASE - POLICY LIMIT                                | 8               |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Sign for Molity Green 318 Main Street Nashville, TN 37206  |  |              |                            |   |   |  |              |  |                 |                            |  |
| The   | Metropolitan Government of Nashville a<br>sested by written contact. A 30 day notice   | & Da         | vidao<br>canc              | n County, Metro Legal and<br>eliation applies | i claims  | c/o insuranc   | e and Safety | Division is included as a                                | ddition         | ial insured as             |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
|   |  |              |                            |   |   |  |              |  |                 |                            |  |
| CERTIFICATE HOLDER  |  |              |                            |   |   | CANCELLATION   |              |  |                 |                            |  |
| The Metropolitan Government of<br>Nashville & Davidson County   |  |              |                            |   |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |              |  |                 |                            |  |
| Metro Legal and Claims<br>222 Third Ave N. Ste. 501<br>Nashville, TN 37201  |  |              |                            |   | AUTHORIZED REPRESENTATIVE                       |  |              |  |                 |                            |  |

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ACORD 25 (2016/03)

# LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS INTO THE PUBLIC RIGHT OF WAY

| 1/We,, in consideration of the Resolution No, to  |
|---|
| I/We,, 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 NDOT 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 NDOT 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 NDOT.   |
| I/We further recognize that the license granted hereby is revocable by The Metropolitan Government upon     |
| recommendation of the Director of NDOT 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: JUNC 27 2024

Bill (Olyner of Property)

By Cresco

(City and State)

New YORK STATE OF FENNESSEE) New York COUNTY OF DAVIDSON)

Sworn to and subscribed before

Me this 2746day of

2024

(NOTAD DIDLIC)

My Commission Expires:

ROBIN WALTON Notary Public, State of New York leg. No. Registration No: 01WA4855069 Qualified in Queens County Commission Expires March 24, 2026

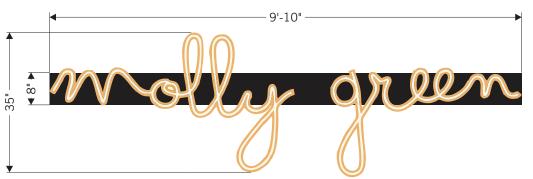


## **NEW RACEWAY**

SCALE: 1/2"=1'0"

- -FABRICATE RACEWAY FOR EXISTING CHANNEL LETTER SET
- -RACEWAY PAINTED SATIN BLACK
- -INSTALL ENTIRE SIGN

SECTION DETAILS/MOUNTING PAGE 2





630 MURFREESBORO PIKE NASHVILLE, TN 37210

615\_255\_3463 615\_255\_3518 FAX

JOSLINSIGN.COM

## **MOLLY GREEN**

918 MAIN ST NASHVILLE, TN 37206

230758-K40 DRW#

108459 QUOTE#\_

393904 WK ORD#

J.MORTON DESIGNER\_

K.CLARK PROJ\_MGR

12.12.23

COLORS & FINISHES:



SATIN BLACK

## **CUSTOMER SIGNATURE**

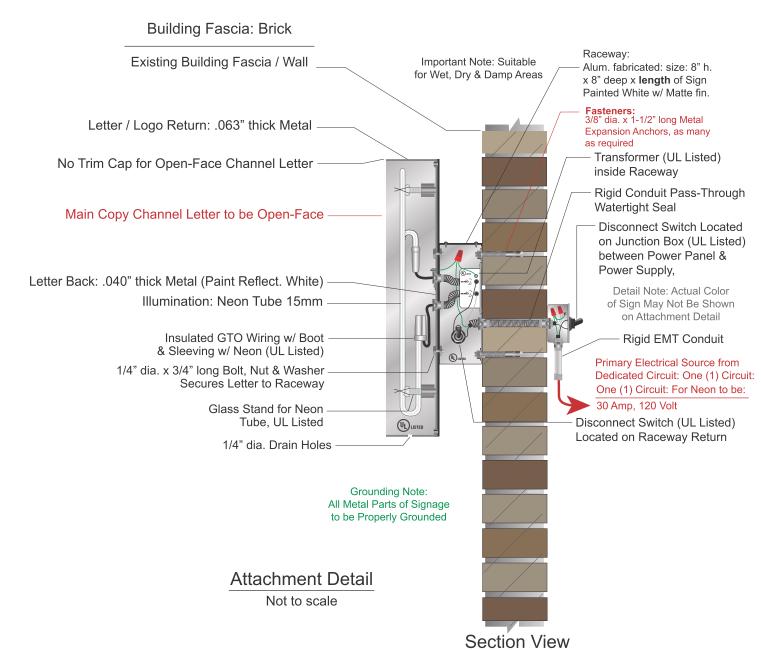
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SHEET 1 OF 4

# A

# OPEN FACE NEON CHANNEL LETTERS ON RACEWAY MOUNTED TO BRICK





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JOSLINSIGN.COM

## **MOLLY GREEN**

918 MAIN ST NASHVILLE, TN 37206

 $_{\text{DRW}\#_{-}} \qquad 230758\text{-}K40$ 

**QUOTE#**\_ 108459

WK\_ORD#\_ 393904

DESIGNER\_ J.MORTON

PROJ\_MGR\_ K.CLARK

DATE\_ 12.12.23

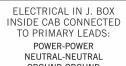
COLORS & FINISHES:

## **CUSTOMER SIGNATURE**

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SHEET 2 OF



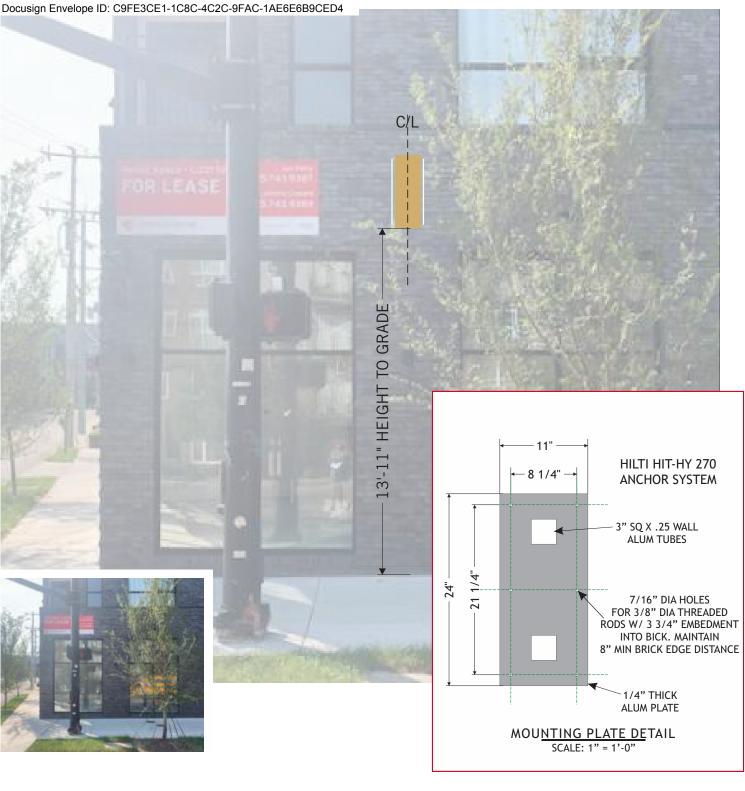
**ELECTRICAL NOTES** 

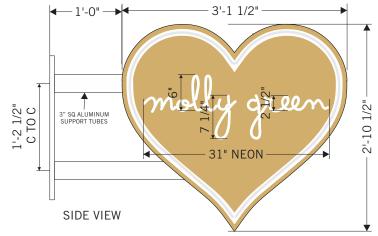
GROUND-GROUND

THIS SIGN IS INTENDED TO BE INSTALLED IN ACCORDANCE
WITH THE REQUIREMENTS OF ARTICLE 600 OF THE NATIONAL
FECTRICAL CODE AND/OR DITHER APPLICABLE 10 CAL CODES

SUITABLE FOR WET LOCATIONS

NOT TO SCALE





## **RE-PAINT EXISTING NEW NEON COPY**

SCALE: 3/4"=1'0"

- •RE-PAINT EXISTING SIGN GOLD TO MATCH EXISTING CHANNEL LETTERS.
- •WHITE PAINTED HEART OUTLINE & COPY ON FACE.
- •WHITE MOUNTING POLES AND PLATES.
- •RE-INSTALL EXISTING WHITE HEART NEON
- •MAKE NEW WHITE NEON COPY TO MATCH HEART NEON (10MM E-300 WARM WHITE)

USF PAINT MASK AND NEON PATTERN FROM ORIGINAL SIGN PRODUCTION 2019 - DWG#190652-L30

> GOLD PAINT COLOR TO MATCH EXISTING CHANNEL LETTER RETURNS.

SECTION DETAILS/MOUNTING PAGE 4



630 MURFREESBORO PIKE NASHVILLE, TN 37210

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## **MOLLY GREEN**

918 MAIN ST NASHVILLE. TN 37206

230758-K40 DRW#

108459 QUOTE#\_

393904 WK ORD#

J.MORTON DESIGNER\_

K.CLARK PROJ\_MGR.

12.12.23 DATE

COLORS & FINISHES:

SCAN OF EXISTING CHANNEL LETTERS- PAINT TO MATCH FLNA95352 SATIN GLOSS

WHITE GRAPHICS ON FACE MOUNTING POLES & PLATES SATIN FINISH

10MM E-300 WARM WHITE NEON

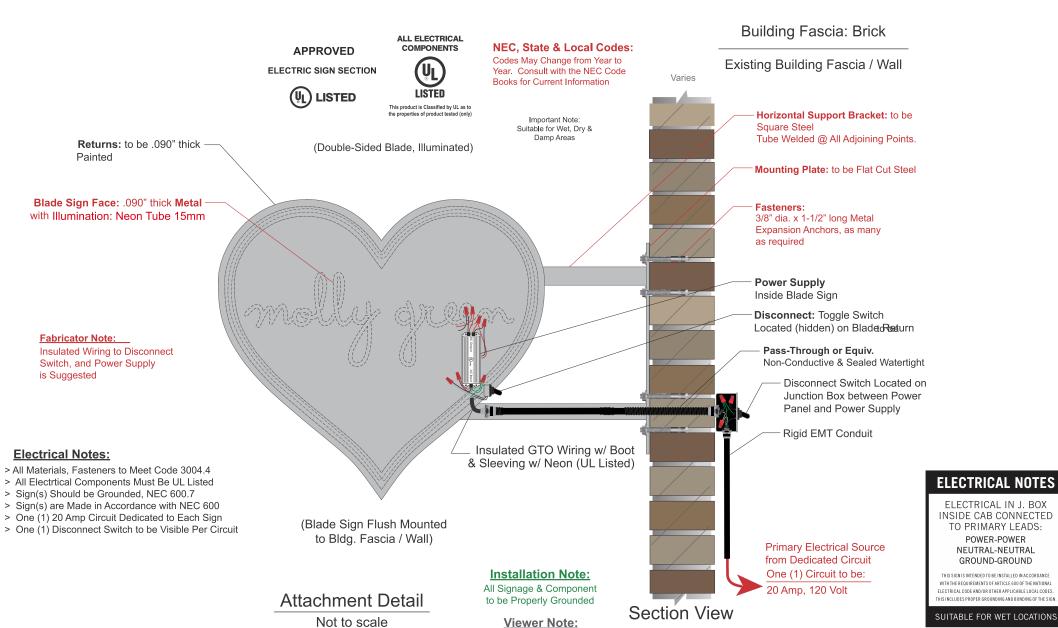
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SHEET 3 OF 4

# D/F ILLUMINATED BLADE SIGN MOUNTED TO BRICK



Actual Sign Color May Not Be



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## **MOLLY GREEN**

918 MAIN ST NASHVILLE, TN 37206

230758-K40 DRW#

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12.12.23

COLORS & FINISHES:

DATE

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NOT TO SCALE