

# Proposal No. 2022M-012EN-001

Client#: 135158 TCRES1		DATE (MM/DD/YYYY) 8/31/2021																																				
<b>ACORD<sub>10</sub> CERTIFICATE OF LIABILITY INSURANCE</b>																																						
<p>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.</p> <p><b>IMPORTANT:</b> 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).</p>																																						
<b>PRODUCER</b> Huntington Insurance, Inc. 37 W. Broad St. Columbus, OH 43215 888 576-7900	<b>CONTACT NAME:</b> Joan Abouahmed <b>PHONE (A/C, No, Ext):</b> 614-899-8542 <b>FAX (A/C, No):</b> 877-273-2297 <b>E-MAIL ADDRESS:</b> joan.abouahmed@huntington.com <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Golden Bear Insurance Co</td> <td>39861</td> </tr> <tr> <td>INSURER B:</td> <td>James River Insurance Company</td> <td>12203</td> </tr> <tr> <td>INSURER C:</td> <td>Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Golden Bear Insurance Co	39861	INSURER B:	James River Insurance Company	12203	INSURER C:	Wesco Insurance Company	25011	INSURER D:			INSURER E:			INSURER F:																	
INSURER(S) AFFORDING COVERAGE		NAIC #																																				
INSURER A:	Golden Bear Insurance Co	39861																																				
INSURER B:	James River Insurance Company	12203																																				
INSURER C:	Wesco Insurance Company	25011																																				
INSURER D:																																						
INSURER E:																																						
INSURER F:																																						
<b>INSURED</b> TC Restaurant Group dba Tequila Cowboy 676 Bellefontaine Avenue Suite A Marion, OH 43302																																						
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> <b>REVISION NUMBER:</b>																																						
<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>ADDITIONAL INSURED</th> <th>POLICY NUMBER</th> <th>POLICY EFF. DATE (MM/DD/YYYY)</th> <th>POLICY EXP. DATE (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td> <b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> BI/PPD Ded:1,500                      GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PER-ACCIDENT <input type="checkbox"/> LOC  <input type="checkbox"/> OTHER:                 </td> <td></td> <td>GLB20005000</td> <td>03/14/2021</td> <td>03/14/2022</td> <td>                     EACH OCCURRENCE: \$1,000,000                      DAMAGE TO RENTED PREMISES (Per occurrence): \$300,000                      MED EXP (Any one person): \$0                      PERSONAL &amp; ADV INJURY: \$1,000,000                      GENERAL AGGREGATE: \$2,000,000                      PRODUCTS - COMP/OP AGG: \$2,000,000                 </td> </tr> <tr> <td> <b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO (OWNED)  <input type="checkbox"/> AUTOS ONLY  <input type="checkbox"/> HIRED AUTOS ONLY  <input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS ONLY                 </td> <td></td> <td></td> <td></td> <td></td> <td>                     COMBINED SINGLE LIMIT (Per accident): \$                      BODILY INJURY (Per person): \$                      BODILY INJURY (Per accident): \$                      PROPERTY DAMAGE (Per accident): \$                 </td> </tr> <tr> <td> <b>B</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                      COI:      RETENTION \$                 </td> <td></td> <td>001169130</td> <td>05/14/2021</td> <td>05/14/2022</td> <td>                     EACH OCCURRENCE: \$4,000,000                      AGGREGATE: \$4,000,000                 </td> </tr> <tr> <td> <b>C</b> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                      ANY PROPRIETOR/PARTNER/NEGATIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)                      If yes, describe under DESCRIPTION OF OPERATIONS below                 </td> <td>Y/N Y N/A</td> <td>WWC3496875</td> <td>09/28/2020</td> <td>09/28/2021</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> <tr> <td> <b>A</b> <b>Liquor Liab.</b> </td> <td></td> <td>GLB20005000</td> <td>03/14/2021</td> <td>03/14/2022</td> <td>                     \$1 million occ.                      \$2 million agg.                      \$1,500 Ded.                 </td> </tr> </tbody> </table>			TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	<b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PPD Ded:1,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER-ACCIDENT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GLB20005000	03/14/2021	03/14/2022	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence): \$300,000 MED EXP (Any one person): \$0 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO (OWNED) <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$	<b>B</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COI:      RETENTION \$		001169130	05/14/2021	05/14/2022	EACH OCCURRENCE: \$4,000,000 AGGREGATE: \$4,000,000	<b>C</b> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/NEGATIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WWC3496875	09/28/2020	09/28/2021	<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	<b>A</b> <b>Liquor Liab.</b>		GLB20005000	03/14/2021	03/14/2022	\$1 million occ. \$2 million agg. \$1,500 Ded.
TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS																																	
<b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PPD Ded:1,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER-ACCIDENT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		GLB20005000	03/14/2021	03/14/2022	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence): \$300,000 MED EXP (Any one person): \$0 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000																																	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO (OWNED) <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$																																	
<b>B</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COI:      RETENTION \$		001169130	05/14/2021	05/14/2022	EACH OCCURRENCE: \$4,000,000 AGGREGATE: \$4,000,000																																	
<b>C</b> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/NEGATIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WWC3496875	09/28/2020	09/28/2021	<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																																	
<b>A</b> <b>Liquor Liab.</b>		GLB20005000	03/14/2021	03/14/2022	\$1 million occ. \$2 million agg. \$1,500 Ded.																																	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Named insured: CT Nashville LLC Re: 308-310 Broadway, Nashville, TN 37201																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>CERTIFICATE HOLDER</b>                      The Metro Gov't of Nashville &amp; Davidson Ct, Metro Legal &amp; Claims                      c/o Insurance &amp; Safety Division                      222 3rd Ave North Suite #501                      Nashville, TN 37201                 </td> <td style="width:50%; vertical-align: top;"> <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   </td> </tr> </table>			<b>CERTIFICATE HOLDER</b> The Metro Gov't of Nashville & Davidson Ct, Metro Legal & Claims c/o Insurance & 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 																																		
<b>CERTIFICATE HOLDER</b> The Metro Gov't of Nashville & Davidson Ct, Metro Legal & Claims c/o Insurance & 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 																																					

ACORD 25 (2016/03) 1 of 1  
 #S1864408/M1841990

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

ABJO

LICENSE AGREEMENT FOR PRIVATE ENCROACHMENTS  
INTO THE PUBLIC RIGHT OF WAY

I/We, CT Nashville LLC - DBA: Miranda Lambert's Casa Rosa, 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: 9-10-2021

Carroll / 306 Broadway LLC Manning  
(Owner of Property) Partner

308-310 Broadway  
(Address of Property)

Nashville TN 37201  
(City and State)

Georgia  
STATE OF ~~TENNESSEE~~  
Cobb  
COUNTY OF ~~DAVIDSON~~

Sworn to and subscribed before

Me this 10<sup>th</sup> day of Sept, 2021.

Joanne Tedesco  
(NOTARY PUBLIC)

My Commission Expires: 11-4-21

