



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/19/2024

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 1300 Post oak Blvd., suite 1400 Houston TX 77056 USA	CONTACT INFO: PHONE (Ac. No. Ex.): (866) 283-7122 FAX (Ac. No.): (800) 363-0105	
	EMAIL ADDRESS:	
INSURED Camden Property Trust; Camden USA, Inc.; Camden operating, LP; Camden Builders, Inc.; Camden Development, Inc.; Summit Properties Partnership, LP 11 Greenway Plaza, Suite 2400 Houston TX 77046 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	22667
	INSURER B: The Charter Oak Fire Insurance Company	25615
	INSURER C: Travelers Property Cas Co of America	25674
	INSURER D:	
	INSURER E:	

Holder Identifier : Camden Gulch

COVERAGES **CERTIFICATE NUMBER:** 570107252855 **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. Limits shown are as requested

TYPE	TYPE OF INSURANCE	ADD. INSURED (Y/N)	POLICY NUMBER	ISSUE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		XSLG48922119 SIR applies per policy terms & conditions	05/01/2024	05/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$25,000,000 PRODUCTS - COMPROP AGG \$2,000,000 Host Liquor Liability \$2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		TJCAP-93658383-TIL-24	05/01/2024	05/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
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	UB9M0645162451K (AOS)	05/01/2024	05/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L EACH ACCIDENT \$1,000,000 E.L DISEASE-EA EMPLOYEE \$1,000,000 E.L DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570107252855

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured includes: Camden Property Trust; Camden Builders, Inc.; Camden Development, Inc.; Camden USA, Inc.; Camden Operating, LP; Summit Properties Partnership, LP; Camden Gulch, LLC, 11 Greenway Plaza, Suite 2400, Houston, TX 77046. RE: Camden Gulch - 909 Division Street, Nashville, TN 37203. The Metropolitan Government of Nashville Davidson County and Camden Gulch LLC are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims c/o Insurance and Safety Division 222 3rd Ave., North, Ste. #501 Nashville TN 37201 USA	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, Camden Gulch, 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 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: 4/9/24

[Signature]
(Owner of Property)

MATTHEW MARTINO
Notary Public, North Carolina
Brunswick County
My Commission Expires
01/16/2029

909 DIVISION ST.
(Address of Property)
NASHVILLE, TN
(City and State)

North Carolina
STATE OF ~~TENNESSEE~~
COUNTY OF ~~DAVIDSON~~ Mecklenburg

Sworn to and subscribed before

Me this 9 day of April, 2024

[Signature]
(NOTARY PUBLIC)

My Commission Expires: 01/16/2029

PLAN NOTES

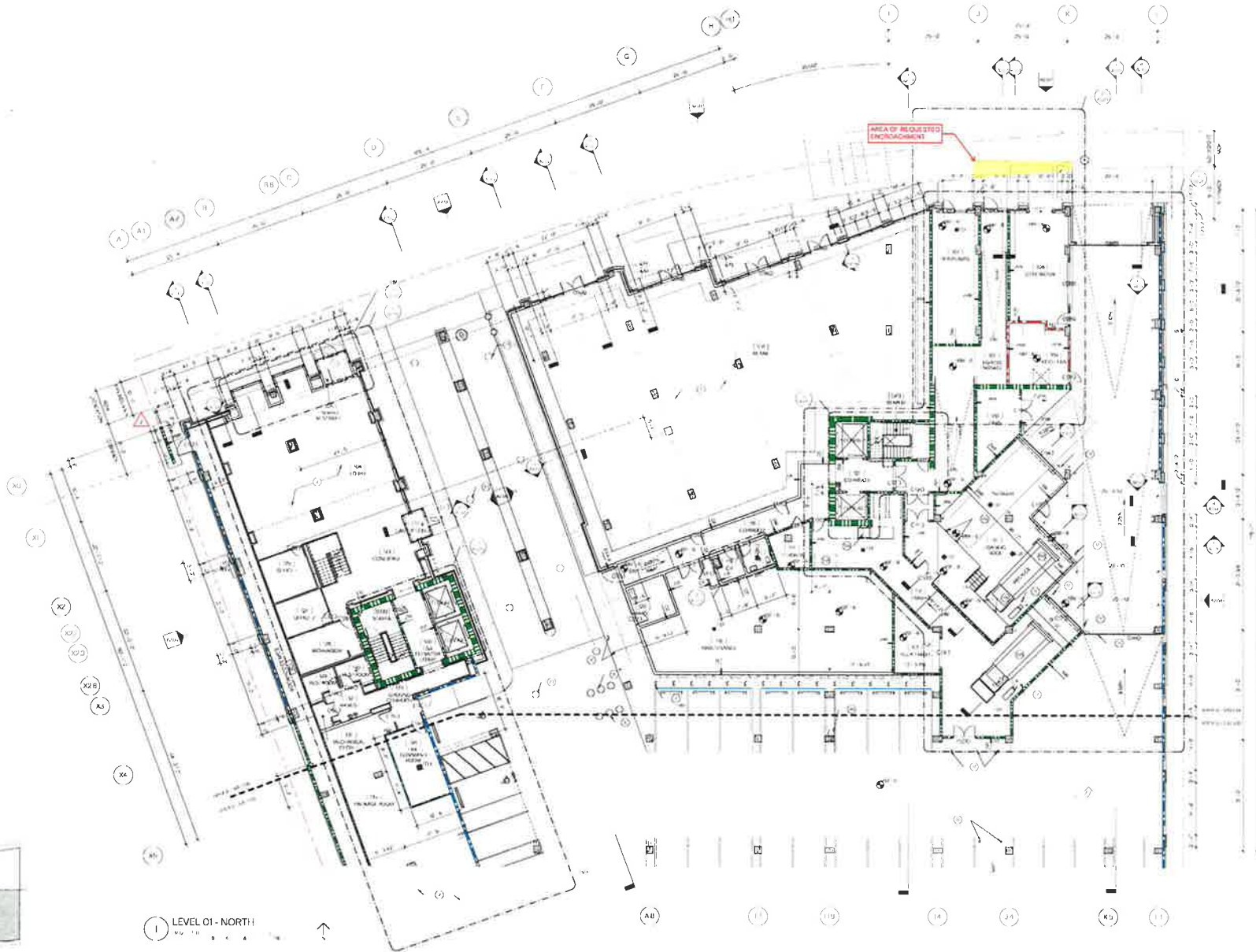
1. ALL DIMENSIONS ARE IN FEET AND INCHES UNLESS OTHERWISE NOTED.
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PLAN KEYNOTES

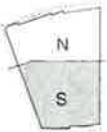
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WALL LEGEND

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KEY PLAN



LEVEL 01 - NORTH



CONSTRUCTION DOCUMENTS-NES



CAMDEN
CAMDEN GULCH
1000 DIVISION STREET
NASHVILLE, TN 37203

1000 DIVISION ST
2 - 1000 DIVISION ST

LEVEL 01 - NORTH

A1.01 A



PLAN NOTES

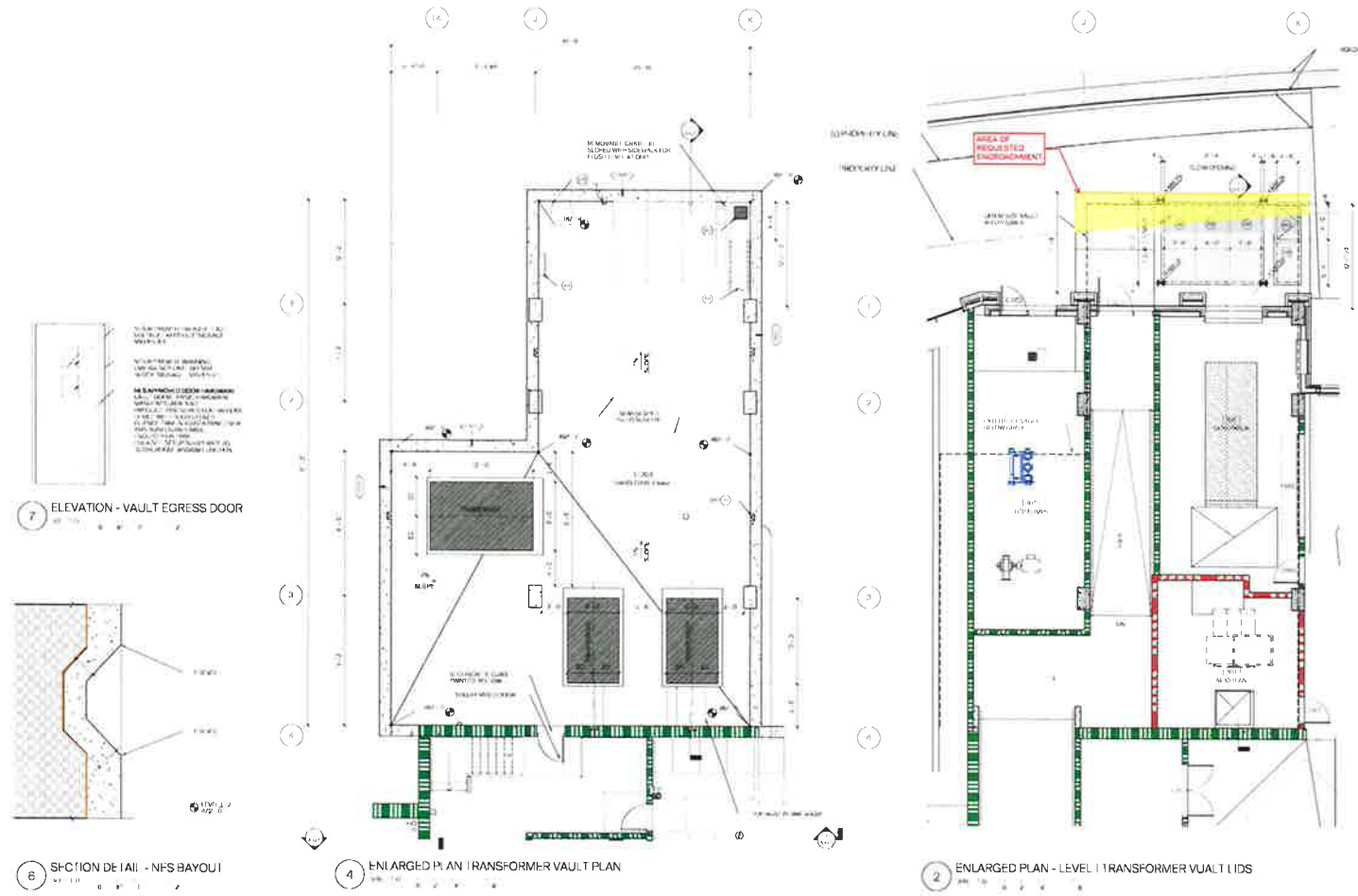
1. THIS DOCUMENT IS TO BE USED FOR THE DESIGN OF THE TRANSFORMER VAULT AND SHALL BE USED IN CONJUNCTION WITH THE ARCHITECTURAL DRAWINGS.
2. THE TRANSFORMER VAULT SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE CALIFORNIA ELECTRICAL CODE AND THE NATIONAL ELECTRICAL CODE.
3. THE TRANSFORMER VAULT SHALL BE CONSTRUCTED WITH A MINIMUM OF 2" CONCRETE WALLS AND A MINIMUM OF 4" CONCRETE FLOORS AND CEILING.
4. THE TRANSFORMER VAULT SHALL BE CONSTRUCTED WITH A MINIMUM OF 2" CONCRETE WALLS AND A MINIMUM OF 4" CONCRETE FLOORS AND CEILING.
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PLAN KEYNOTES

1. SEE ARCHITECTURAL DRAWINGS FOR WALL AND FLOOR FINISHES.
2. SEE ARCHITECTURAL DRAWINGS FOR WALL AND FLOOR FINISHES.
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WALL LEGEND

	2" CONCRETE WALL
	4" CONCRETE WALL
	6" CONCRETE WALL
	8" CONCRETE WALL
	10" CONCRETE WALL
	12" CONCRETE WALL
	14" CONCRETE WALL
	16" CONCRETE WALL
	18" CONCRETE WALL
	20" CONCRETE WALL



SECTION DETAIL - VAULT LID AT STREET
1:1

SECTION DETAIL - VAULT LID AT BUILDING
1:1

SECTION TRANSFORMER ROOM
1:1

ENLARGED PLAN - TRANSFORMER VAULT PLAN
1:1

ENLARGED PLAN - LEVEL 1 TRANSFORMER VAULT LIDS
1:1

SECTION DETAIL - NFS BAYOUT
1:1

ELEVATION - VAULT EGRESS DOOR
1:1



DATE:	05/26/2022
PROJECT NO:	018468003
DESIGNED BY:	—
DRAWN BY:	—

SITE VICINITY MAP

CAMDEN GULCH

909 DIVISION



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 Main: 615.584.2701 | www.kimley-horn.com
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