

Proposal No. 2020M-037EN-001



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2020

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 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 Scott Insurance - Nashville 5700 Tower Circle, Ste 220 Franklin TN 37067	AGENT Rachel Franklin Phone: 615-224-2600 Email: rfranklin@scottins.com Address: 5700 Tower Circle, Ste 220 Franklin TN 37067	FAX No. 434-455-9356
INSURED Parking Management Company LLC 308 42nd Ave N Nashville TN 37208	AGENCY Scott Insurance - Nashville 5700 Tower Circle, Ste 220 Franklin TN 37067	AGENCY # 20025 20900 21580 21455 18532

COVERAGES CERTIFICATE NUMBER: 1817881064 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 SAID POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	CLASS CODE	PLIST NUMBER	POLICY NO.	POLICY EFF. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY PLANS/MADE <input checked="" type="checkbox"/> OCCUR		20024-4870-000	510000	5/15/20	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000 MED EXP (Per person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMPOSABLE \$2,000,000
B	AUTOMOBILE LIABILITY ALL OWNED ALL OPERATED NON-OWNED NON-OPERATED		A33 031-4870-010	510000	5/15/20	BODILY INJURY (Per person) \$1,000,000 BODILY INJURY (Per accident) \$1,000,000 PROPERTY DAMAGE (Per person) \$1,000,000 PROPERTY DAMAGE (Per accident) \$1,000,000
F	UMBRELLA LIABILITY CLASS/MADE		3000190-00	510000	5/15/20	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 Total Covered Limit \$1,000,000
G	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY OCCASION/EMPLOYER'S EXCLUSION (Mandatory in TN) EMPLOYER'S LIABILITY DESCRIPTION OF OCCASION/EMPLOYER		W04 041-4870-000	510000	5/15/20	EL EACH ACCIDENT \$1,000,000 EL DISEASE - (48 HRS) LTD \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
D	Crime		Y0270-0810-000	\$1,000,000	5/15/20	Claims Property \$1,000,000 Cash/Cash/Cheques \$500,000

DESCRIPTION OF OCCASION/EMPLOYER / LOCATION / VEHICLE (If covered) (If Additional Benefits Schedule, only to be checked if more than 1 more space is provided)
 \$1,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - AK, AZ, CO, IA, IL, IN, KY, LA, MI, MO, NC, OH, PA, TX, VT, WI, MD
 \$1,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - OK
 \$1,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - TN
 \$2,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - CA
 \$2,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - AL, DC
 \$2,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - VA
 \$2,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - WA
 \$2,000,000 GILL Comprehensive Ded \$5,000/\$25,000; Collision Ded \$5,000 - FL, HI, SC

CERTIFICATE HOLDER The Metropolitan Government of Nashville and Davidson County Metro Legal & Claims C/O Insurance and Safety Division 222 3rd Avenue North, Ste #901 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 Kam Jones
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