



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/8/2017

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).

<b>PRODUCER</b> Scott Insurance (Nashville) 6640 Carothers Parkway Ste 100 Franklin TN 37067	<b>CONTACT NAME:</b> Alison Morris <b>PHONE (A/C, No, Ext):</b> 336-510-0087 <b>E-MAIL ADDRESS:</b> amorris@scottins.com	<b>FAX (A/C, No):</b> 434-455-1468
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PMCAC-1 Parking Management Company LLC 306 42nd Ave N Nashville TN 37209	<b>INSURER A:</b> Liberty Mutual Fire Insurance Compa	10677
	<b>INSURER B:</b> First Liberty Insurance Corporation	19801
	<b>INSURER C:</b> Hamilton Specialty Insurance	13045
	<b>INSURER D:</b> Cincinnati Casualty Insurance	
	<b>INSURER E:</b> StarStone Specialty	
	<b>INSURER F:</b> Endurance American Specialty	10677

### COVERAGES

CERTIFICATE NUMBER: 1572256127

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TB2-Z91-466782-037	1/1/2017	1/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AS6-Z91-466782-017	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AHSFF110433-00 EXS 0342321	1/1/2017 1/1/2017	1/1/2018 1/1/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 EXS0342321 \$5,000,000
A	<input checked="" type="checkbox"/> 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 Y	N/A	WC2-Z91-466782-047	1/1/2017	1/1/2018	<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
E F A	Excess Umbrella Excess Umbrella Theft of Client Property			82997T160ALI ELD30000237100 YC2-Z91-466782-027	7/25/2016 1/1/2017 1/1/2017	1/1/2018 1/1/2018 1/1/2018	Limit ex of 10mil 10,000,000 Limit ex of 20mil 5,000,000 Client Property 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$1,600,000 GKLL Comp Ded \$5000/\$25,000; Collision Ded \$5000 - TN  
\$1,000,000 GKLL Comp Ded \$5000/\$25,000; Collision Ded \$5000 - VA; FL, GA, VT, KY, SC, IL, NC, MO, LA  
\$1,200,000 GKLL Comp Ded \$5,000/\$25,000; Collision Ded \$5000 - OK  
\$2,500,000 GKLL Comp Ded \$5000/25,000 Collision Ded \$5,000 AL

Employment Practices Liability Effective 10/1/16 - 10/1/17 Carrier Federal Insurance Company, Limit - Per Claim \$1,000,000/Aggregate See Attached...

### CERTIFICATE HOLDER

### CANCELLATION

Biscuit Love 132 3rd Ave South Franklin TN 37064	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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## ADDITIONAL REMARKS SCHEDULE

AGENCY Scott Insurance (Nashville)		NAMED INSURED Parking Management Company LLC 306 42nd Ave N Nashville TN 37209	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

\$1,000,000 Retention \$100,000

Re: City of Franklin