

PLEABES-01 CERTIFICATE OF LIABILITY INSURANCE

CFRANKLIN

DATE (MM/DD/YYYY) 6/30/2020

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 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).

	nis certificate does not confer rights to	o the	certi								
PRODUCER RSS Insurance						CONTACT Celeste Franklin NAME: PHONE (433) 955 2639 FAX (433) 954 9444					
6236 Airpark Drive					(A/C, No, Ext): (423) 805-2638 (A/C, No): (423) 954-9444						
	te B ittanooga, TN 37421				E-MAIL ADDRESS: cfranklin@rssins.com						
					INSURER(S) AFFORDING COVERAGE INSURER A : Selective Insurance Company of America					NAIC #	
INICI	JRED				INSURER B : Accident Fund Insurance Company of America 10166						
INS	JULI										
					INSURER C : INSURER D :						
				INSURER E:							
					INSURER F:						
CO	VERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	N OF AN	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	X			2/7/2020	2/7/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
Λ	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
Α	AUTOMOBILE LIABILITY				0/7/0000		0.17/0004	(Ea accident)	\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	X	X		2///2020	2/7/2020	2/7/2021	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident) Uninsured Motor	\$	1,000,000	
Α	X UMBRELLA LIAB X OCCUR		X						\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	Х			2/7/2020	2/7/2020	2/7/2021	AGGREGATE	\$, ,	
	DED RETENTION\$	1						AGGREGATE	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	7						PER OTH- STATUTE ER	Ψ		
			X			2/7/2020	2/7/2021	E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Business Auto	Х	Х			2/7/2020	2/7/2021	Comprehensive		1,000	
Α	Business Auto	X	X			2/7/2020	2/7/2021	Collision		1,000	
10 L	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ea Ave, Nashville, TN 37210 H-EP, LLC; Eakin Partners, LLC; and Ea					attached if more	e space is requin	ed)			

CERTIFICATE HOLDER

Eakin Partners, LLC; 1201 Demonbreun Street, Suite 1400 Nashville, TN 37203 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

Kyh &



PLEABES-01

CFRANKLIN

DATE (MM/DD/YYYY) 6/24/2020

CERTIFICATE OF LIABILITY INSURANCE

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.

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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							CONTACT Celeste Franklin						
RSS	Ins	urance				PHONE (A/C, No, Ext): (423) 805-2638 FAX (A/C, No): (423) 9				954-9444			
6236 Airpark Drive Suite B Chattanooga, TN 37421							E-MAIL ADDRESS: cfranklin@rssins.com						
							INSURER(S) AFFORDING COVERAGE						
						INSURER A: Selective Insurance Company of America				12572			
INSU	RED					INSURER B: Accident Fund Insurance Company of America					10166		
						INSURE							
						INSURE							
						INSURER E :							
						INSURER F:							
CO	VER	AGES CEF	TIFIC	CATE	NUMBER:				REVISION NUMBI	ER:			
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		SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS							
A	Х	COMMERCIAL GENERAL LIABILITY						· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR	X	х			2/7/2020	2/7/2021	DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	500,000		
									MED EXP (Any one pers	·	15,000		
						1			, , , , , ,	· ·	1 000 000		

A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	х	Х	2/7/2020	2/7/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	X	2/7/2020	2/7/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						Uninsured Motor	\$ 1,000,000
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	2/7/2020	2/7/2021	AGGREGATE	\$
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N	N/A	X	2/7/2020	2/7/2021	E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		`			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Business Auto	X	Χ	2/7/2020	2/7/2021	Comprehensive	1,000
Α	Business Auto	Х	Х	2/7/2020	2/7/2021	Collision	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured: RMH-EP, LLC; Eakin Partners, LLC; and Eakin Properties, LLC

Location: 10 Lea Ave, Nashville, TN 37210

CERTIFICATE HOLDER	CANCELLATION

Eakin Partners, LLC; 1201 Demonbreun Street, Suite 1400 Nashville, TN 37203

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