



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/17/2019

**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).**

<b>PRODUCER</b> Marsh USA Inc. Attn: Angie Barros (Elsangela.N.Barros@marsh.com) Ph: (617) 385-0363 / Fax: (617) 385-0344 99 High Street Boston, MA 02110 CN110476285-STND-GAWUX-19-	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> _____ <b>FAX (A/C. No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
<b>INSURED</b> Spire Hospitality, LLC c/o Robert M Currey & Associates, Inc. One Beacon Street, 22nd Floor Boston, MA 02108	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Endurance Assurance Corporation</td> <td style="text-align: center;">11551</td> </tr> <tr> <td><b>INSURER B :</b> Sompo America Insurance Company</td> <td style="text-align: center;">11126</td> </tr> <tr> <td><b>INSURER C :</b> American Guarantee and Liability Company</td> <td style="text-align: center;">26247</td> </tr> <tr> <td><b>INSURER D :</b> Sompo America Fire &amp; Marine Insurance Company</td> <td style="text-align: center;">38997</td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Endurance Assurance Corporation	11551	<b>INSURER B :</b> Sompo America Insurance Company	11126	<b>INSURER C :</b> American Guarantee and Liability Company	26247	<b>INSURER D :</b> Sompo America Fire & Marine Insurance Company	38997	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES** **CERTIFICATE NUMBER:** NYC-010795186-01 **REVISION NUMBER:** 1

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIAB \$1M/\$2M AGG <input checked="" type="checkbox"/> NO DEDUCTBLE/SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	GGR10013736201	12/15/2019	12/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liab \$ 1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	ADVS1016Q0	12/15/2019	12/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	AUC-3917508-01 ****SEE ACORD 101****	12/15/2019	12/15/2020	EACH OCCURRENCE \$ 100,000,000 AGGREGATE \$ 100,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	JCDS1067P0	12/15/2019	12/15/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garage Keepers Legal Liability			GGR10013736201	12/15/2019	12/15/2020	Limit of Insurance 1,000,000 Aggregate Limit of Insurance 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: Doubletree Nashville, 315 4th Ave North, Nashville, TN 37219  
 Hilton Worldwide Holdings Inc. and its owners, subsidiaries, franchisees, and affiliates (including their respective directors, officers, and employees), now or hereafter existing are included as additional insured on all policies except Workers' Compensation. Waiver of subrogation applies where required by written contract. General liability and auto liability coverage is primary where required by written contract.  
 Terrorism is included under the General Liability and Umbrella Liability policies. Garagekeepers Legal Liability is included.  
 Liquor Liability: Each Common Cause Limit: \$1,000,000; Aggregate Limit: \$2,000,000

<b>CERTIFICATE HOLDER</b>  Hilton Worldwide Holdings Inc. 7930 Jones Branch Drive McLean, VA 22102	<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 of Marsh USA Inc.  Michael. P. Walsh <span style="float: right;"><i>M Walsh</i></span>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> DOWNTOWN NASHVILLE HOSPITALITY DST c/o Robert M Currey & Associates, Inc. One Beacon Street, 22nd Floor Boston, MA 02108	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Carrier: American Guarantee and Liability Company  
 Policy Number: AUC-3917508-01  
 Limit: Primary \$10,000,000

Carrier: Allied World Specialty Insurance Company (Admitted)  
 Policy Number: 0312-1512  
 Limit: \$15,000,000 excess \$10,000,000

Carrier: The Continental Insurance Company  
 Policy Number: 6020692086  
 Limit: \$25,000,000 Part of \$50,000,000 excess of \$25,000,000

Carrier: XL Insurance America, Inc.  
 Policy Number: US00096115L119A  
 Limit: \$25,000,000 Part of \$50,000,000 excess of \$25,000,000

Carrier: Fireman's Fund Insurance Company  
 Policy Number: USL003286194  
 Limit: \$25,000,000 excess \$75,000,000