



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/18/2018

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).

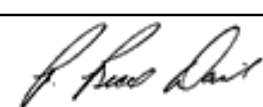
PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342	CONTACT NAME: PHONE (A/C, No, Ext): 404 497-7500 E-MAIL ADDRESS: aimbridgecerts@McGriff.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Aimbridge Hospitality Holdings, LLC CS 125 Hospitality, LLC 5851 Legacy Circle, Suite 400 Plano, TX 75024	INSURER A :ACE American Insurance Company	NAIC # 22667
	INSURER B :Everest National Insurance Company	10120
	INSURER C :Federal Insurance Company	20281
	INSURER D :The Continental Insurance Company	35289
	INSURER E :ACE Fire Underwriters Insurance Company	20702
INSURER F :		

COVERAGES	CERTIFICATE NUMBER: ZULNLWZP	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 <input checked="" type="checkbox"/> Liquor Liability is included. <input checked="" type="checkbox"/> No Deductible/SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X	HDO G46770894	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	ISA H25156882	03/01/2018	03/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B 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 \$0			XC5CU00061-181 \$25MM Lead 93643807 \$50MM XS \$25MM FFX 6056992686 \$25MM XS \$75MM	03/01/2018	03/01/2019	EACH OCCURRENCE \$ 100,000,000 AGGREGATE \$ 100,000,000 \$
A E	<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 N/A	WLR C64788127 (DED) SCF C64788164 (RETRO WI)	03/01/2018	03/01/2019	<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	Crime			HDO G46770894	03/01/2018	03/01/2019	Employee Theft \$ 1,000,000 3rd Party Employee Theft \$ 1,000,000 Theft of Guest's Property \$ 10,000 \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Courtyard Marriott College Station - 3939 Highway 6 South, College Station, Texas 77845

The Certificate Holder is included as Additional Insured - Mortgagee, Assignee or Receiver on the General Liability policy as required by written contract and on the Auto Liability as respects liability arising out of the use of a covered auto as required by written contract. The Umbrella and/or Excess Liability policy(ies) provides coverage that follows form of the underlying General Liability, Automobile and Employer's Liability policies.

CERTIFICATE HOLDER	CANCELLATION
CrossFirst Bank Attn: Laurie Gibson 2021 McKinney Avenue, Suite 800 Dallas, TX 75201	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 



ADDITIONAL REMARKS SCHEDULE

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.		INSURED Airbridge Hospitality Holdings, LLC CS 125 Hospitality, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 09/18/2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Cyber/ Professional Liability
 Carrier: Allianz Underwriters Insurance Company
 Policy: U5F00022518
 Policy Term: 7/1/2018 - 7/1/2019
 Limit of Liability: \$10,000,000
 Retention: \$100,000/ \$25,000



ADDITIONAL REMARKS SCHEDULE

PRODUCER MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.		INSURED Aimbridge Hospitality Holdings, LLC CS 125 Hospitality, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 09/18/2018	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ **FORM TITLE:** _____

Employment Practices Liability including Third Party Coverage
 Carrier: Westchester Fire Insurance Company(Chubb)
 Policy: G24117765 009 Policy Term: 3/1/2018-3/1/2019
 Limit of Liability: \$5,000,000 Aggregate
 Retention: \$25,000 each Employment Practices Claim
 \$25,000 each Third Party Claim