



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 | FAX (A/C, No): |
| | E-MAIL ADDRESS: aimbridgecerts@McGriff.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A :ACE American Insurance Company | | 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 : | | |

INSURED
 Aimbridge Hospitality Holdings, LLC
 CS 125 Hospitality, LLC
 5851 Legacy Circle, Suite 400
 Plano, TX 75024

COVERAGES

CERTIFICATE NUMBER:T3HH44VC

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? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | 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 - Grantor of Franchise 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

Marriott International Inc, and its affiliates and subsidiaries
 MARSHA Code: CLLCY
 c/o CertFocus
 P.O. Box 140528
 Kansas City, MO 75201

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



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