

# THRIVE 55+ ASHLAND CITY

## LEASE AGREEMENT

### FRIDAY NIGHT DANCE

This lease agreement is for rental of the Thrive 55+ Ashland City center for Friday night dances. This lease agreement is for 6 months beginning Friday, January 19<sup>th</sup>, 2024 through June, 30, 2024. The purpose of the rental is to provide a non-alcoholic dance venue open to the public. Thrive 55+ Ashland City will be referred to as the lessor and Willie Watson, Christine Watson and Carolyn Dorris will be referred to as the lessees. The following terms and conditions are stated below:

1. Rental cost of the property is \$25.00 per month. Payment will be made to the lessor prior to the 30<sup>th</sup> of each month for the duration of the term lease.
2. All admission fees and band tips will be retained by the lessee.
3. Lessor will have the rental space ready and available for operation to lessee by 5:00 pm each Friday. This entails a clean facility including stocked and ready restrooms with chairs in place for the evening's event according to the lessee's specifications.
4. Hours of operation will be from 7:00 pm to 10:00 pm. Doors will open at 6:00 pm and close by 11:00 pm.
5. Patrons 12 years of age and older will be allowed to attend the event but must be accompanied by an adult at all times. Children under 18 are not permitted to use the pool tables or shuffleboard table.
6. Lessee will provide a liability insurance policy in the amount of \$1,000,000. A copy of the policy will be provided to the lessor.
7. Lessee will be provided a cooler of ice from the ice machine and may have use of the coffee pot. Lessee will be responsible for cleanup of said equipment. Food, drinks, and disposable supplies will be provided by lessee.
8. Lessee will be provided a key to the facility for band set up. Lessee is responsible for turning off all lights and locking all doors of the facility per instructions provided by the lessor upon closing the center at the end of each dance.
9. Lessee will ensure cleanup of the facility after each event to include putting away extra chairs on rack, sweeping used areas, mopping up any spills, cleaning any tables used and disposal of all trash into the outside dumpster.
10. Lessor will make no changes to the facility.
11. Lessor will obtain permission from center director to decorate for special events.
12. Lessor and lessee will each have the option to renew or cancel said lease agreement with a 30-day written notice.

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JT Smith – Mayor  
Town of Ashland City

Date

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Willie Watson – Lessee

Date

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Christine Watson – Lessee

Date

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Carolyn Dorris – Lessee

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2023

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> Trey Bowen Legacy Insurance 2017 Wilma Rudolph Blvd  Clarksville TN 37040		<b>CONTACT NAME:</b> Michael Bresson <b>PHONE (A/C, No, Ext):</b> (931) 538-1655 <b>FAX (A/C, No):</b> (931) 538-1654 <b>E-MAIL ADDRESS:</b> michael@insureatlegacy.com	
<b>INSURED</b>  Christine Watson 3019 Highland Dr  Greenbrier TN 37073		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State National Insurance Company, Inc. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 12831	

**COVERAGES****CERTIFICATE NUMBER:****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
Aa	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NXT7CYRWQW-00-GL	12/26/2023	12/26/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <b>RETENTION \$</b>						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<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 / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Event Planner for Dances held at The Senior Center at Ashland City.

**CERTIFICATE HOLDER****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**

Michael Bresson - Legacy Insurance