

<b>CERTIFICATE OF INSURANCE</b>	ISSUE DATE
---------------------------------	------------

PRODUCER  AON Risk Services of Texas, Inc. 2000 Bering Drive, Suite 900 Houston, TX 77057-3790	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <b>COMPANIES AFFORDING COVERAGE</b>
--	--

INSURED  <b>Not For Profit Groups</b>	COMPANY LETTER	<b>A</b> Carrier with at least B+ Best rating & VI Financial Size
	COMPANY LETTER	<b>B</b>
	COMPANY LETTER	<b>C</b>
	COMPANY LETTER	<b>D</b>
	COMPANY LETTER	<b>E</b>

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	12345			GENERAL AGGREGATE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY	\$ 1000000
					EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXPENSE (Any one person)	\$ 5000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12345			STATUTORY LIMITS	
					EACH ACCIDENT	\$ 500000
					DISEASE-POLICY LIMIT	\$ 500000
					DISEASE EACH EMPLOYEE	\$ 500000
A	LIQUOR LIABILITY	12345				\$ 1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The entities and individuals listed on Exhibit "A" are hereby collectively named as additional insureds with respects to the foregoing General Liability and Liquor Liability coverages.

<b>CERTIFICATE HOLDER</b>  Levy Restaurants @ Time Warner Cable Arena 333 East Trade Street Charlotte, NC 28202  Name of Property Address	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <b>AUTHORIZED REPRESENTATIVE</b>
--	--

**EXHIBIT "A" ATTACHED TO THIS CERTIFICATE OF INSURANCE  
ISSUED IN CONNECTION WITH WORK PERFORMED/GOODS PROVIDED**

**BY NAMED INSURED**

**LEVY RESTAURANTS**

**ADDITIONAL INSUREDS**

**TIME WARNER CABLE ARENA**

1. Levy Premium Foodservice Limited Partnership, specifically including all of its partners; Compass Group USA, Inc.;
2. The City of Charlotte; The Charlotte Regional Visitors Authority; Charlotte Arena Operations, LLC; Bobcats Basketball, LLC; Bobcats Basketball Holdings, LLC
3. Levy Restaurants, including, but not limited to, all related partnerships, corporations and limited liability companies, whether currently existing or hereafter formed, and specifically including all of their respective owners, partners, shareholders, members, officers, directors and managers

**THE FOLLOWING WORDING SHOULD BE ADDED:**

"To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance."