

Certificate of Insurance

Issue Date (MM/DD/YYYY)
10/24/2024

Named Participant
Town of Apex
PO Box 250
Apex, NC 27502

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.

Companies affording Coverage

A = Interlocal Risk Financing Fund of North Carolina

B = North Carolina Interlocal Risk Management Agency

COVERAGES

THIS IS TO CERTIFY THAT THE COVERAGE LISTED BELOW IS AFFORDED TO THE PARTICIPANT NAMED ABOVE FOR THE 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 COVERAGE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH PROGRAM.

Co Ltr	Type of Coverage	Policy Number	Effective Date	Expiration Date	Limits of Liability	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	PL-P-62003-2024	07/01/2024	07/01/2025	Products-Comp/Operations	\$5,000,000
					Personal & Adv. Injury	\$5,000,000
					Each Occurrence	\$5,000,000
					Fire Damage (Any one fire)	\$1,000,000
					Med. Expense (Any one)	N/A
					Deductible	\$5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto (Symbol 7,8,9) <input type="checkbox"/> Hired Autos (Symbol 8) <input type="checkbox"/> Non-Owned Autos (Symbol 9) <input type="checkbox"/> Uninsured/Underinsured Motorists	PL-P-62003-2024	07/01/2024	07/01/2025	Limit CSL \$5,000,000	Deductible \$1,000
	PROPERTY <input type="checkbox"/> Real & Personal Property <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Auto Physical Damage (Symbol 7 & 8) <input type="checkbox"/> Municipal Equipment <input type="checkbox"/> Computer Equipment & Media <input type="checkbox"/> Portable Equipment <input type="checkbox"/> Fine Arts				Limit	Deductible
	Police Professional Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Limit(per occurrence/aggregate)	Deductible
	Public Officials Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Limit(each claim/aggregate)	Deductible
	Employment Practices Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence				Limit(each claim/aggregate)	Deductible
B	Workers' Compensation <input checked="" type="checkbox"/> Workers' Compensation and Employer's Liability <input checked="" type="checkbox"/> WC Statutory Limit	WC-P-138-2024	07/01/2024	07/01/2025	Limit Each Accident	\$1,000,000
					Disease - Each Employee	\$1,000,000
					Disease - Policy Limit	\$1,000,000
	OTHER COVERAGE <input type="checkbox"/> <input type="checkbox"/>				Limit	Deductible

Description

Certificate Holder is Additional Insured re: General Liability, and Automobile Liability. Waiver of Subrogation applies - WCEND-200, GLEND-120, ALEND-120. Contractual Liability Railroads applies -GLEND-100. Per CSX Contract #884583.

Certificate Holder

CSX Transportation, Inc
Speed Code J180
500 Water Street
Jacksonville, FL 32202

Cancellation

Should any of the above described coverages be cancelled 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.

Authorized Representative

Michael Pittman