Certificate of Insurance

Issue Date (MM/DD/YYYY) 07/24/2023

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

o tr	Type of Coverage	Policy Number	Effective Date	Expiration Date	Limits of Liability	
A	GENERAL LIABILITY ☑ Commercial General Liability ☐ Claims Made ☑ Occurrence	PL-P-62003-2023	07/01/2023	07/01/2024	Products-Comp/Operations Personal & Adv. Injury Each Occurrence Fire Damage (Any one fire) Med. Expense (Any one Deductible	\$5,000,000 \$5,000,000 \$5,000,000 \$1,000,000 N/A \$5,000
Α	AUTOMOBILE LIABILITY Any Auto (Symbol 7,8,9) Hired Autos (Symbol 8) Non-Owned Autos (Symbol 9) Uninsured/Underinsured Motorists	PL-P-62003-2023	07/01/2023	07/01/2024	Limit CSL \$5,000,000	Deductible \$1,000
	PROPERTY Real & Personal Property Builder's Risk Auto Physical Damage (Symbol 7 & 8) Municipal Equipment Computer Equipment & Media Portable Equipment Fine Arts				Limit	Deductible
	Police Professional Liability Claims Made Cocurrence				Limit(per occurrence/aggregate)	Deductible
	Public Officials Liability Claims Made Coccurrence				Limit(each claim/aggregate)	Deductible
	Employment Practices Liability Claims Made Cocurrence				Limit(each claim/aggregate)	Deductible
В	Workers' Compensation	WC-P-138-2023	07/01/2023	07/01/2024	Limit Each Accident Disease - Each Employee Disease - Policy Limit	\$1,000,000 \$1,000,000 \$1,000,000
	OTHER COVERAGE				Limit	Deductible

Certificate Holder is an Additional Insured Re: the Construction Agreement of the Apex Peakway Bridge. Waiver of subrogation applies to Workers Compensation.

	Certificate Holder	Cancellation	
5	CSX Transportation, Inc. 500 Water Street C- 907 Jacksonville, FL 32202	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	

North Carolina Interlocal Risk Management Agency

NAMED INSURED: Town of Apex

POLICY NUMBER: WC-P-138-2023

EFFECTIVE DATE: 7-1-2023 at 12:01 AM Standard Time at your mailing address

Workers Compensation and Employers Liability Insurance Policy

This endorsement changes the policy to which it is attached and is effective on the date issued. WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

CSX Transportation, Inc. 500 Water Street, C-907 Jacksonville, FL 32202