



ABOYARLA

1/24/2025

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 Alliant Insurance Services, Inc. 101 N. Tryon St, Ste 6000 Charlotte, NC 28246	<div style="float: right;">CONTACT NAME:</div> <div style="clear: both;"></div> <div style="float: right;">PHONE (A/C, No, Ext): (619) 238-1828</div> <div style="clear: both;"></div> <div style="float: right;">FAX (A/C, No):</div> <div style="clear: both;"></div> <div>E-MAIL ADDRESS:</div>														
INSURED <div style="text-align: center;">Orange County, NC 300 West Tryon Street Hillsborough, NC 27278</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 90%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 10%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Charter Oak Fire Insurance Company	25615	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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				ZLP91N5373024PA	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 2,000,000				
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000				
	<input type="checkbox"/>								MED EXP (Any one person)	\$ Excluded				
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000				
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT					<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	<input type="checkbox"/>	OTHER:								\$				
	AUTOMOBILE LIABILITY												COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS									BODILY INJURY (Per person)	\$
<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$									
<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$									
				\$										
				\$										
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$				
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$				
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A				<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								<input type="checkbox"/> Y / N					
	If yes, describe under DESCRIPTION OF OPERATIONS below													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Town of Hillsborough is included as additional insured.

CANCELLATION

<p>Town of Hillsborough 101 E. Orange St. Hillsborough, NC 27278</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 