



SIGNATURE PAGE

Policy#: PX FL1 0582501 24-10 01 - 1

Named Covered Party: City of North Port

Effective: 10/01/2024

Termination: 10/01/2025

I hereby confirm that the limits/coverages as shown here, corresponding with the Coverage Agreement, are correct:

N/A	Property TIV: Not Included		
N/A	Inland Marine Blanket Unscheduled IM: Not Included Scheduled Inland Marine: Not Included Total All Inland Marine: Not Included		
N/A	Property TRIA (Terrorism Risk Insurance Act) coverage		
X	Crime		
X	General Liability Ratable Payroll: \$52,214,888		
X	Law Enforcement Liability Officers: 168		
X	Professional Liability Employees: 1,023		
X X	Automobile	645 184 184	Units - Auto Liability Units - Comprehensive Units - Collision
N/A	Stop Loss Aggregate: Not Included Applies to:		
X	Excess Workers' Compensation Payroll: \$69,885,329		
N/A	I confirm that I have received a copy of Preferred's Current Interlocal Agreement (last amended October 1, 2004) and Amendment A (effective October 1, 2013).		
N/A	I confirm having read and agreed to the terms as laid out in the attached Preferred Participation Agreement (which also requires a signature).		

A signed copy of the following is also required where applicable: First Page of Preferred Application; Professional Liability Application; Uninsured Motorist Rejection/Election Form; SIR Signature Page.

Signature _____ **Title** _____

Name _____ **Date** _____

Coverage is provided by Preferred Governmental Insurance Trust

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.