



**SIGNATURE PAGE**

Policy#: PX FL1 0582501 23-09 01 - 1

Named Covered Party: City of North Port

Effective: 10/01/2023

Termination: 10/01/2024

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

N/A	<b>Property</b>  TIV: Not Included
N/A	<b>Inland Marine</b> Blanket Unscheduled IM: Not Included Scheduled Inland Marine: Not Included Total All Inland Marine: Not Included
N/A	<b>Property TRIA (Terrorism Risk Insurance Act) coverage</b>
X	<b>Crime</b>
X	<b>General Liability</b>  Ratable Payroll: \$46,037,140
X	<b>Law Enforcement Liability</b>  Officers: 156
X	<b>Professional Liability</b>  Employees: 967
X X	<b>Automobile</b> 609 <b>Units - Auto Liability</b> 165 <b>Units - Comprehensive</b> 165 <b>Units - Collision</b>
N/A	<b>Stop Loss Aggregate:</b> Not Included Applies to:
X	<b>Excess Workers' Compensation</b>  Payroll: \$63,072,718
N/A	<b>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).</b>
N/A	<b>I confirm having read and agreed to the terms as laid out in the attached Preferred Participation Agreement (which also requires a signature).</b>

**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.