

Named Covered Party: City of North Port Term: 10/01/2025 to 10/01/2026 Coverage Provided by: Preferred Governmental Insurance Trust Quote Number: PX FL1 0582501 25-11 01

Signature Page

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

Jirect.	Property		
N/A	Froperty	TIV: Not Included Building and Contents combined	
N/A	Inland Marine	11V. Not included building and contents combined	
IN/A	Illiand Marine	Blanket Unscheduled IM: Not Included	
		Scheduled Inland Marine: Not Included	
N/A	Total All Inland Marine: Not Included		
	Property TRIA (Terrorism Risk Insurance Act) coverage		
Х	Crime		
Х	General Liability		
		Ratable Payroll: \$57,242,168	
Х	Law Enforcement Liability		
		Officers: 173	
Х	Professional Liability		
		Employees: 1,061	
Х	Automobile	720 Units - Auto Liability	
	*	237 Units - Comprehensive	
		237 Units – Collision	
N/A	Stop Loss Aggregate:	Not Included	
	Applies to:		
Х	Excess Workers' Compensat	ion	
		Payroll: \$78,267,288	
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 bnef 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.

