



# INSURANCE BINDER

DATE (MM/DD/YYYY)

02/13/2023

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Applied Risk Management Solutions 409-A Alamance Rd  Burlington NC 27215		COMPANY FALLS LAKE NAT'L INS CO		BINDER # FLTRK0000039903	
		EFFECTIVE DATE 02/13/2023		EXPIRATION TIME 12:01 AM 12:01 AM NOON	
PHONE (A/C, No. Ext): 336-229-0429		FAX (A/C, No): 336-229-0492			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID: 100606					
INSURED AND MAILING ADDRESS  CARGO-LINK INC. 1951 T.W.ALEXANDER DRIVE SUITE A DURHAM NC 27703				DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)  LOCATION-1951 T.W.ALEXANDER DR/STE A DURHAM, NC 27703 DRIVER/GUIDELINES/EQPT SCHEDULE ATTCHED	

## COVERAGES

TYPE OF INSURANCE	COVERAGE / FORMS	LIMITS
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC REPLACEMENT COST 25% MIN EARNED	COLONY SPEC INS CO# IM257930-0 BLKT FORM(incls 2 forklifts)-PROP OF OTHERS-\$250,000;BUS.INS.\$75,000 SUBJ TO 72 HR DED;WIND/HAIL DED-5% OF LTD. EST ANN PREM \$3,509/AGCY BILL-FINCD@WESTFIELD	DEDUCTIBLE 1,000 COINS % N/A AMOUNT \$46,000 BPP
GENERAL LIABILITY  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MAXUM IND.CO # BDG3017653-07;LEGAL LIAB FOR BODILY INJURY OR PROPERTY DMGE TO WHICH THIS INS APPLIES; \$1,000 DED PER CLAIM; RATING BASIS-PAYROLL CLASS CODE 99793 & 68706; BLKT ADDIT INSD/ PRIM/NON.CONTRIB/WOS; 25% MIN ERND.; ANN.AUDIT;EST ANN PREM \$1631.57/AGCY BILL@INCEPTION  RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
VEHICLE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	LEGAL LIAB FOR OWNERSHIP,USE OR MAINTENANCE OF CVRD AUTO(SYM 72)-0- DED; BLKT ADDIT INSD;UNIT COUNT-1 VAN/1 PU/ 9 BOX TRKS/9 TRACTORS/13 TRLS; MONTHLY REPORTING/ BILLING OF UNITS (RQRD TO REPORT ANY/ALL CHANGES @ TIME OF OCCURRENCE); NO COVERAGE IF UNIT NOT REPORTED ON MONTHLY REPORT; EST ANN PREM. \$108,919.84* /AGCY BILL	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$ 85,000 \$
VEHICLE PHYSICAL DAMAGE DED  <input checked="" type="checkbox"/> COLLISION: \$1,000 <input checked="" type="checkbox"/> OTHER THAN COL: \$1,000	ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES  COMP/COLL;TIV \$2,290,506;INCLDS HIRED PHY DGE \$150,000; MO RPTNG/BILLING OF UNITS; EST ANN \$80,954. */AGCY BILL	ACTUAL CASH VALUE  STATED AMOUNT \$ STAT SUB ACV
GARAGE LIABILITY  <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY  <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	CAROLINA MUTUAL INS-WC20996-2022-NC CLASS CODES 7231/ 8292/8810; EXP MOD.0.75; MON. RPTNG OF PAYROLL; ANNUAL AUDIT; EST ANN PREM \$35,974.31/ DIRECT BILL	<input checked="" type="checkbox"/> PER STATUTE \$ E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
SPECIAL CONDITIONS / OTHER COVERAGES CARGO-COLONY SPEC INS CO# IM257930-0; \$500,000/2500 DED;INCLDS TRL INCHG-\$50,000/2500 DED; REEFER@\$5000 DED;RATED FLAT-NOT SUBJ TO AUDIT; SEE QUOTE FOR EXCLD PPTY; EST ANN PREM. \$35,030/AGCY BILL-FIN@ WESTFIELD		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

## NAME &amp; ADDRESS

*RNWL ESCROW - \$47,469; EXP.ESC. \$37,565 DIFF DUE ON ESC - \$9,904 @ INCEPTION PLUS hired/n.ownd/hired phy/nc schg - \$2,128.83 @ Inception	ADDITIONAL INSURED LENDER'S LOSS PAYABLE	LOSS PAYEE	MORTGAGEE
	LOAN #:		
	AUTHORIZED REPRESENTATIVE		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/08/2023

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  Applied Risk Management Solutions 409-A Alamance Rd  Burlington	CONTACT NAME: Lisa Crawford		
	PHONE (A/C, No, Ext): 336-229-0429	FAX (A/C, No): 336-229-0492	
INSURED  CARGO-LINK INC. 1951 T.W.ALEXANDER DRIVE SUITE A DURHAM NC 27703	E-MAIL ADDRESS: lisa@armsnc.com	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: MAXUM INDEMNITY COMPANY	INSURER B: FALLS LAKE NAT'L INS CO	
	INSURER C: CAROLINA MUTUAL INS, INC.		
	INSURER D: COLONY SPECIALTY INS CO		
	INSURER E:		
	INSURER F:		

COVERAGES		CERTIFICATE NUMBER: 20230208084150678		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/SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	BDG-3017653-07	02/13/2023 02/13/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
B	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	FLTRK00000039903	02/13/2023 02/13/2024	MED EXP (Any one person) \$ 5,000
	PERSONAL & ADV INJURY \$ 1,000,000					
C	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N			GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000					
D	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	N	N	WC20996-2023	02/13/2023 02/13/2024	Fire Legal Liability \$ 100,000
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000					
E	BODILY INJURY (Per person) \$	N	N			BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident) \$					
F	DED <input type="checkbox"/> RETENTION \$	N	N	IM257930-0	02/13/2023 02/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$					
G	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N	02/13/2023 02/13/2024	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$ 100,000					
H	CARGO LIABILITY	N	N	IM257930-0	02/13/2023 02/13/2024	E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER  "SPECIMEN"	CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
AUTHORIZED REPRESENTATIVE  	

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