



# 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.

<b>AGENCY</b> Applied Risk Management Solutions 409-A Alamance Rd  Burlington NC 27215		<b>COMPANY</b> FALLS LAKE NAT'L INS CO		<b>BINDER #</b> FLTRK00000039903	
<b>PHONE</b> (A/C, No, Ext): 336-229-0429 <b>FAX</b> (A/C, No): 336-229-0492		<b>DATE EFFECTIVE</b> 02/13/2023		<b>TIME</b> 12:01	
<b>CODE:</b> AGENCY CUSTOMER ID: 100606		<b>PER EXPIRING POLICY #:</b>		<b>EXPIRATION</b> 02/13/2024	
<b>INSURED AND MAILING ADDRESS</b> CARGO-LINK INC. 1951 T.W.ALEXANDER DRIVE SUITE A DURHAM NC 27703		<b>DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)</b> LOCATION-1951 T.W.ALEXANDER DR/STE A DURHAM, NC 27703 DRIVER/GUIDELINES/EQPT SCHEDULE ATTCHED			

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC REPLACEMENT COST 25% MIN EARNED	COLONY SPEC INS CO# IM257930-0 BLKT FORM(Inclds 2 forklifts)-PROP OF OTHERS-\$250,000;BUS.INC.\$75,000 SUBJ TO 72 HR DED;WIND/HAIL DED-5% OF LTD. EST ANN PREM \$3,509/ AGCY BILL-FINC'D@WESTFIELD	1,000	N/A	\$46,000 BPP
<b>GENERAL LIABILITY</b> <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 DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
<b>VEHICLE LIABILITY</b> <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 checked="" 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 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ 1,000,000 \$ \$ \$ \$ \$ \$ 85,000
<b>VEHICLE PHYSICAL DAMAGE</b> 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
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		\$ \$ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>	CAROLINA MUTUAL INS-WC20996-2022-NC CLASS CODES 7231/ 8292/8810; EXP MOD.0.75; MON. RPTING OF PAYROLL; ANNUAL AUDIT; EST ANN PREM \$35,974.31/ DIRECT BILL	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ 100,000 \$ 100,000 \$ 500,000
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>	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 & 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	<b>ADDITIONAL INSURED</b>	<b>LOSS PAYEE</b>	<b>MORTGAGEE</b>
	<b>LENDER'S LOSS PAYABLE</b>		
	<b>LOAN #:</b> <b>AUTHORIZED REPRESENTATIVE</b> 		



# 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).

<b>PRODUCER</b> Applied Risk Management Solutions 409-A Alamance Rd  Burlington NC 27215		<b>CONTACT NAME:</b> Lisa Crawford <b>PHONE (A/C, No, Ext):</b> 336-229-0429 <b>FAX (A/C, No):</b> 336-229-0492 <b>E-MAIL:</b> lisa@armsnc.com <b>ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> MAXUM INDEMNITY COMPANY	
		<b>INSURER B:</b> FALLS LAKE NAT'L INS CO	
		<b>INSURER C:</b> CAROLINA MUTUAL INS, INC.	
		<b>INSURER D:</b> COLONY SPECIALTY INS CO	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 20230208084150878 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	BDG-3017653-07	02/13/2023	02/13/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	<b>AUTOMOBILE LIABILITY</b> <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 checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	FLTRK00000039903	02/13/2023	02/13/2024	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	Fire Legal Liability \$ 100,000						
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						BODILY INJURY (Per person) \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WC20996-2023	02/13/2023	02/13/2024	BODILY INJURY (Per accident) \$
D	<b>CARGO LIABILITY</b>	N	N	IM257930-0	02/13/2023	02/13/2024	PROPERTY DAMAGE (Per accident) \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  "SPECIMEN"	<b>CANCELLATION</b>  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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