

LSCOTTO

DATE (MM/DD/YYYY)	
4/20/2024	

RIVEPLA-01

_			;Eh	K 	FICATE OF LIA	BIL	ITY INS	SURAN	GE	4/	30/2024		
	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 CONTACT Lauren Sullivan													
		Group				PHONE (A/C No Ext): (919) 388-1949							
4131 Parklake Avenue, Suite 225 Raleigh, NC 27612						E-Mall ADDRESS: LSullivan@trisure.com							
					-	INSURER(S) AFFORDING COVERAGE					NAIC #		
					-	INSURER A : Certain Underwriters at Lloyds							
IN	SUR	ED				INSURE	R B : Evanste	on Insurand	ce Company		35378		
		RIVER PLACE LOGISTICS I	NC			INSURER C : Accident Fund Insurance Company of Am				nerica	10166		
		4131 PARKLAKE AVE, STE				INSURER D : Berkley National Insurance Company					38911		
		Raleigh, NC 27612				INSURER E :							
						INSURER F :							
_ <u>C</u>	٥v	ERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:				
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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.												
	SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS			
/	۹	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR			THBZB02283		5/1/2024	5/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	Excluded		
		χ Freight Broker							MED EXP (Any one person)	\$	Excluded		
		χ General Liability							PERSONAL & ADV INJURY	\$	Excluded		
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	-	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ \$	Included		
1	1								COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000		
	ſ	ANY AUTO			THBZB02283		5/1/2024	5/1/2025	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY HIRED AUTOS ONLY Freight Auto Liab.								BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)) \$			
-	3									\$	1 000 000		
		UMBRELLA LIAB X OCCUR		MKLV7EUL104462		5/1/2024	5/1/2025	EACH OCCURRENCE	\$	1,000,000			
	+	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000			
	- ,	DED RETENTION \$							V PER OTH-	\$			
`	- /	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WCP 100114715		5/1/2024	5/1/2025	▲ STATUTE ER	+	1,000,000		
		ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$	1,000,000		
	- II						E.L. DISEASE - EA EMPLOYE			1,000,000			
		ÉSÉRIPTION OF OPERATIONS below Professional Liabili			THBZB02283		5/1/2024	5/1/2025	E.L. DISEASE - POLICY LIMIT	\$	100,000		
-	-	Contingent Cargo			MIM 1042607 - 53		5/1/2024		Limit		250,000		
		0 0									,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
<u>ر</u>	FP	TIFICATE HOLDER				CONC	ELLATION						
						CAN							
RIVER PLACE LOGISTICS INC							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

RIVER PLACE LOGISTICS INC 4131 PARKLAKE AVE,STE 440 Raleigh, NC 27612

AUTHORIZED REPRESENTATIVE disa R. Scotto

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