

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2024

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).

COVEDAGES	OFFICIOATE MUMBER, W37205208	DEVICION NUMBER				
		INSURER F:				
		INSURER E:				
Thomasville, NC 27360		INSURER D: XL Specialty Insurance Company	37885			
500 Old Dominion Way		INSURER C: Indemnity Insurance Company of North Ameri	43575			
INSURED Old Dominion Freight Line, Inc.		INSURER B: Lloyd's	B7874			
		INSURER A: ACE American Insurance Company	22667			
Nashville, TN 372305191 USA		INSURER(S) AFFORDING COVERAGE	NAIC#			
P.O. Box 305191		E-MAIL ADDRESS: certificates@wtwco.com				
c/o 26 Century Blvd	inc.	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888	-467-2378			
PRODUCER Willis Towers Watson Northeast,		CONTACT WTW Certificate Center				
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COVERAGES CERTIFICATE NUMBER: W37205298 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,500,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,500,000
								MED EXP (Any one person)	\$ Excluded
					XSL G47307776	03/30/2024	03/30/2025	PERSONAL & ADV INJURY	\$ 2,500,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,500,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,500,000
		OTHER:						SIR	\$ 5,000,000
	AUT	OMOBILE LIABILITY		XSA H10700723		03/30/2024	03/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,500,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
A		OWNED SCHEDULED AUTOS ONLY			XSA H10700723			BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								SIR	\$ 5,000,000
В		UMBRELLA LIAB X OCCUR	-		B080118592U24	03/30/2024	03/30/2027	EACH OCCURRENCE	\$ 7,500,000
	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 22,500,000
		DED RETENTION\$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER	
	C ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	WLR		01/01/2025	03/30/2025	E.L. EACH ACCIDENT	\$ 1,000,000
			N/A		WLR C72613727			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPER		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Mot	or Truck Cargo			UM00062663MA24A	03/30/2024	03/30/2025	Single Conveyance	\$1,000,000
								Deductible	\$100,000

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

General Liability policy #XSL G47307776 contains a \$2,500,000 deductible each occurrence excess of the SIR

Automobile Liability policy #XSA H10700723 contains a \$2,500,000 deductible each accident excess of the SIR

Workers Compensation/Employers Liability provided by policy #WLR C70319287 for the period of 03/30/2024 to 01/01/2025

CERTIFICATE HOLDER	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
Evidence of Insurance	Potricia a Fory

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