CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL REMARKS SCHEDULE

AGENCY
[illegible] Insurance Agency

NAMED INSURED
[illegible] Logistics LLC

POLICY NUMBER
[illegible]

CARRIER
[illegible] Insurance

NAIC CODE

EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

[illegible]

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