CERTIFICATE OF LIABILITY INSURANCE

AGENCY CUSTOMER ID: [illegible]

LOC #: [illegible]

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY: [illegible] Insurance Agency

NAMED INSURED: [illegible] LLC

POLICY NUMBER: [illegible]

CARRIER: [illegible] Insurance

NAIC CODE: [illegible]

EFFECTIVE DATE: [illegible]

ADDITIONAL REMARKS:

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM:

FORM NUMBER: [illegible] FORM TITLE: Certificate of Liability Insurance

[illegible]

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