

AGENCY CUSTOMER ID: 000305

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY OLLNEY		NAMED INSURED BREWING LLC	
POLICY NUMBER 6X326			
CARRIER EInsurance	NAIC CODE	EFFECTIVE DATE: 09/19/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 12 FORM TITLE: Commercial Application

Policy
Consideration Of The Premium Charged The Following Changes Are applicable To This Policy: See Attached Scheduleliability Symbol Is Amended To 01,
Symbol 07 Is Added For Medical Payment sand Uninsured And Underinsured Motoristsunit 1 And Forms Ca0166,ca2104,ca7001a,ca7093a,ca9903 Are
Addednon-Owned Number Of Employees