	AGENCY CUSTOMER ID:				
			LOC #:	_	
ACORD®	ADDITIONAL	REMA	ARKS SCHEDULE	Page	of
AGENCY			NAMED INSURED		
POLICY NUMBER			_		
CARRIER	1	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL REMARKS			EFFECTIVE DATE.		
	RKS FORM IS A SCHEDULE TO ACOR	D FORM			
	FORM TITLE:				
TOKWINOMBEK.	TOKIM TITLE.				