

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Agency Name		NAMED INSURED Insured Name and address	
POLICY NUMBER Policy Number			
CARRIER Insurance Company	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

The General Aggregate Limit applies separately to this project.
30 Day Notice of Cancellation is provided to Parkway C & A, LP on all policies referred to.