



ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Agency		NAMED INSURED Subcontractor Company 123 Main St Oviedo FL 32765	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty space for additional information)	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

insurance requirements. ** Box's must be "X" as indicated above.**

SAMPLE