





AGENCY CUSTOMER ID:  
LOC #:

### ADDITIONAL REMARKS SCHEDULE

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AGENCY <b>MARSH USA INC.</b>		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

**GENERAL LIABILITY:**

ADDITIONAL INSURED APPLIES PER ATTACHED FORM \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

15 DAYS NOTICE OF CANCELLATION FOR LANDLORD APPLIES PER ATTACHED FORM \_\_\_\_\_

**AUTOMOBILE:**

ADDITIONAL INSURED APPLIES PER ATTACHED FORM \_\_\_\_\_

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

**WORKERS' COMPENSATION:**

WAIVER OF SUBROGATION APPLIES PER ATTACHED FORM \_\_\_\_\_

**UMBRELLA COVERAGE FOLLOWS FORM OF THE GENERAL LIABILITY, AUTOMOBILE AND WORKERS' COMPENSATION POLICIES.**