





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Towne Insurance Agency, LLC</b>		NAMED INSURED <b>C234 Inc. t/a Cross Timbers Roofing 9000 Pams Ave Richmond, VA 23237</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Project: As required by Contract

X Company is included as an additional insured with respects to General Liability for ongoing & completed operations of the named insured and Automobile Liability as required by written contract per forms CG2033 07/04, CG7250 12/10 and CA7165 02/17, attached. Coverage is primary & non-contributory as required by written contract per form CG7249 12/10, attached. A waiver of subrogation is included in favor of the named parties for General Liability, Auto Liability and Workers Compensation as required by written contracts per forms CG7356, CA7165 & WC980111 06/11, attached. Excess is following form. 30 Days' notice of cancellation except 10 Days' notice for non-payment of premium.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY		NAMED INSURED	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

Large empty rectangular area for additional remarks.