



ADDITIONAL REMARKS SCHEDULE

AGENCY InSource Insurance		NAMED INSURED Skylights Over Texas, LLC	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Auto Liability Policy includes Blanket Additional Insured and Blanket Waiver of Subrogation in favor of certificate holder but only when required by written contract between certificate holder and named insured that required such status.

Workers Compensation policy includes Blanket Waiver of Subrogation in favor of certificate holder but only when required by written contract between certificate holder and named insured that required such status. Umbrella is follow form.