



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY AGENCY NAME		NAMED INSURED 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: Remarks

Primary/Non-Contributory required.
 Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
 Contractual liability is required.
 Explosion, collapse & underground damage to property must NOT be excluded.

AUTOMOBILE:
 Additional insured names: Hancock County Commissioners
 Primary/Non-Contributory included.
 Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
 30 day cancellation notice is required.

WORKERS COMPENSATION:
 Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
 Proprietor/Partner/Executive Office/Member must NOT be excluded.

UMBRELLA LIABILITY:
 Primary/Non-Contributory included.
 Waiver of subrogation required (either blanket or specific) in favor of Hancock County Commissioners.
 30 day notice of cancellation required.