





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

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

# ADDITIONAL REMARKS SCHEDULE

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

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.