



ADDITIONAL REMARKS SCHEDULE

AGENCY All Capital Insurance Agency		NAMED INSURED JPF TRUCKING INC	
POLICY NUMBER N/A		EFFECTIVE DATE:	
CARRIER Multiple Carriers	NAIC CODE		

ADDITIONAL REMARKS

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

(continued from Description of Operations)

- 4V4NC9EH1NN608592
- 4V4NC9EH9PN622288
- 4V4NC9EH2NN609167
- 4V4NC9EH2PN617403
- 5E0AU1749LG338001
- 5E0AU1747LG337901
- 5E0AU1743LG337801
- 5E0AU1741LG296701
- 5E0AU1749LG296901
- 5E0AU1740LG457801
- 5E0AU1742TG101401
- 5E0AU1746TG101501