



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY Progressive Insurance		NAMED INSURED ROGER GONZALEZ DBA: ROGER AND SONS TRANSPORT 437 EIDER DR PATTERSON, CA 95363	
POLICY NUMBER 00775068			
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 12/26/2025	

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$100,000 w/\$2,500 Ded
Uninsured/Underinsured Motorist	\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items**Scheduled autos only**

*2025 HT Trailers Trailer 7V4GE3624SH002612		Stated Amount	\$10,500
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
*2024 RAM 3500 3C63RRGL6RG371879			

*Liability coverage does not apply to this vehicle.

Additional Information

Progressive COI