

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY AFFORDABLE COVERAGE INSURANCE GROUP		NAMED INSURED BRO GROUP LLC 33440 1ST WAY S STE 205 FEDERAL WAY, WA 980036222	
POLICY NUMBER 003959091			
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 03/14/2025	

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 Trucking Cargo	\$250,000 w/\$2,500 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only
 2024 RAM RAM 2500 3C6UR5DL9RG251687