



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

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



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Progressive Insurance		<b>NAMED INSURED</b> NOVUS REACH TRUCKING INC 12655 SW CENTER ST STE 550 BEAVERTON, OR 97005	
<b>POLICY NUMBER</b> 872874957		<b>EFFECTIVE DATE:</b> 04/17/2026	
<b>CARRIER</b> Artisan and Truckers Casualty Company	<b>NAIC CODE</b> 10194		

**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	\$150,000 w/\$2,500 Ded
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**

Scheduled autos only	
2019 FORD F350 1FT8W3BT6KEG20612	
Personal Injury Protection	\$15,000 each person