

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|---------------------------|---|--|
| AGENCY BROWN SHEILD INSURANCE AGENCY | | NAMED INSURED Mr Shipping LLC 490 GRANT ST MARION, OH 43302 | |
| POLICY NUMBER 872792179 | | EFFECTIVE DATE: 04/16/2026 | |
| CARRIER Progressive Preferred Insurance Company | NAIC CODE 37834 | | |

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 |

Description of Location/Vehicles/Special Items

| Scheduled autos only | |
|---------------------------------|-------------|
| 2026 RAM 3500 3C63RRGL6TG152766 | |
| Comprehensive | \$5,000 Ded |
| Collision | \$5,000 Ded |