



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED LAZI-AUTO-CORPORATION DBA: LA CORP 128 CRAWFORDS CORNER ROAD HOLMDEL, NJ 07733	
POLICY NUMBER 869391558		EFFECTIVE DATE: 02/13/2026	
CARRIER Artisan and Truckers Casualty Company	NAIC CODE 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	\$250,000 w/\$2,500 Ded
Uninsured Motorist Bodily Injury	\$100,000/\$300,000
Underinsured Motorist Bodily Injury	\$100,000/\$300,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2009 WESTERN STAR/AUTO CAR CONVENTIONAL 5KKHAECK49PAL6127		Stated Amount	\$30,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
Medical Payments	\$5,000 each person		
2009 Cottrell Trailer 5E0A1144X9G300704		Stated Amount	\$30,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		