



ADDITIONAL REMARKS SCHEDULE

AGENCY <u>Agency Full Name</u>		NAMED INSURED <u>Robin W. Smith</u>		<u>34</u>	<u>34</u>
POLICY NUMBER <u>Policy Number</u>		<u>Robin W. Smith</u>		<u>5</u>	<u>5</u>
CARRIER <u>Carrier Name</u>		NAIC CODE <u>NAIC</u>	<u>Robin W. Smith</u>		
		<u>Code</u>	<u>Robin W. Smith</u>		
		EFFECTIVE DATE: <u>May 17th 2024</u>			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: Additi- FORM TITLE: Additional Remarks Form Title

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