



ADDITIONAL REMARKS SCHEDULE

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|---------------------------------------|--|--|-------------------------------------|-----------|-----------|
| 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>December 4th</u> | | |
| ADDITIONAL REMARKS | | <u>Code</u> | <u>2024</u> | | |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: Additi- FORM TITLE: Additional Remarks Form Title

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