

 $\begin{array}{c} \textbf{AGENCY CUSTOMER ID:} & \underline{Agency \ Customer \ ID} \\ \textbf{LOC \#:} & \underline{Location \ Number} \end{array}$

ACORD®	ADDITIONAL REMARKS SCHEDULE					
AGENCY		NAMED INSURED	34 34			
Agency Full Name		Robin W. Smith	5 5			
POLICY NUMBER		Robin W. Smith				
Policy Number		Robin W. Smith				
CARRIER	NAIC CODE	Robin W. Smith				
Carrier Name	NAIC	EFFECTIVE DATE: May 17th 2024				
ADDITIONAL REMARKS	Code	-				
THIS ADDITIONAL REMARKS FOR	M IS A SCHEDULE TO ACORD FORM.					

Carrier Name				Carla		May 17th 2t	124	
ADDITIONAL REI	MARKS			Code				
THIS ADDITIONAL	REMARKS	S FORM IS A SC	HEDULE TO AC	ORD FORM.				
FORM NUMBER:					rm Title			
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ACORD 101 (2008/01)