



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Sterling Seacrest Pritchard		NAMED INSURED Royal Food Service Co., Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

*Insurer D - Excess Liability \$5M XS \$5M, Policy #79047D2210ALI, 03/01/2022-03/01/2023, Each Occurrence \$5M, Aggregate \$5M
 *Insurer E - Excess Liability \$8M XS \$10M, Policy #XSL-00005R7, 03/01/2022-03/01/2023, Each Occurrence \$8M, Aggregate \$10M

U-GL-1175-F Blanket Additional Insured - Required by Contract, (GL) U-GL-1345-B Additional Insured- Vendors, (GL) U-GL-1175-F Primary & Non-Contributory- Other Insurance Condition, (Auto) U-CA-424-F Primary and Non-Contributory- Other Insurance Condition, (WC) WC124484 Blanket Waiver of Subrogation.