



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED CS TRUCK & TRAILER REPAIR, INC. 8300 NORMAN CENTER DR STE 160 MINNEAPOLIS, MN 55437-1028	
POLICY NUMBER SEE CERTIFICATE # 421.1			
CARRIER SEE CERTIFICATE # 421.1	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 421.1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

SECONDARY POLICY(S)								
Business Auto	N	N	1930953	04/17/2025	04/17/2026	COMB SINGLE LIM-EA ACC		\$1,000,000
Business Auto	N	N	1930957	04/17/2025	04/17/2026	COMB SINGLE LIM-EA ACC		\$1,000,000
Business Auto	N	N	1930955	04/17/2025	04/17/2026	COMB SINGLE LIM-EA ACC		\$1,000,000
Business Auto	N	N	1930956	04/17/2025	04/17/2026	COMB SINGLE LIM-EA ACC		\$1,000,000
Workers Compensation	N/A	N	1930979	04/17/2025	04/17/2026	WC STATUTORY LIMITS		YES
						E.L. EACH ACCIDENT		\$1,000,000
						E.L. DISEASE-EA EMPL		\$1,000,000
						E.L. DISEASE-POL LIMIT		\$1,000,000

ENTIRE CERTIFICATE HOLDER NAME
DEKALB COUNTY SCHOOL DISTRICT AND DEKALB COUNTY BOARD OF EDUCATION

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ON GENERAL LIABILITY SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION ENDORSEMENT.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	DESCRIPTION OF INTEREST IF APPLICABLE:
Dekalb County School District and Dekalb County Board of Education 1701 Mountain Industrial Blvd Stone Mountain, GA 30083-1027	Any coverage provided by this endorsement applies only to over the road service work on certholders vehicles.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Insured:

Epika Fleet Services, LLC, a Delaware Limited
Liability Company
15 Century Blvd Ste 102
Nashville, TN 37214-3692