





**ADDITIONAL REMARKS SCHEDULE**

|                                   |                  |  |  |
|-----------------------------------|------------------|--|--|
| <b>AGENCY</b><br>***MARSH USA INC |                  | <b>NAMED INSURED</b><br>DeBra-Kuempel, Inc.<br>EMCOR Services Automated Controls<br>Dynalectric Ohio<br>3976 Southern Avenue<br>Cincinnati, OH 45227 |  |
| <b>POLICY NUMBER</b>              |                  | <b>EFFECTIVE DATE:</b>   |  |
| <b>CARRIER</b>                    | <b>NAIC CODE</b> |  |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Auto Physical Damage Comp / Coll Deductible \$500

For Worker's Compensation, Auto Liability, General Liability and Umbrella Liability:

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part (other than the reduction of aggregate limits through payment of claims as applicable), Insurer agrees to mail prior written notice of cancellation or material change to: Certificate Holder

Schedule

1. Number of days advance notice: For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation as provided in paragraph 2 of either the Cancellation Common Policy Conditions or as amended by the applicable state cancellation endorsement is increased to the lesser of 60 days or the number of days required in a written contract.

For non-payment of premium, The greater of (1) the number of days required by state law or (2) the number of days required by written contract.

2. Name:

Notice will be mailed to: Certificate holder