





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Ansay & Associates, LLC. MSN		NAMED INSURED Strand Associates, Inc 910 W. Wingra Drive Madison WI 53715	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Thirty (30) days advance written notice via certified mail, return receipt requested in the event of cancellation or non-renewal will be given to the Certificate Holder