



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|------------------|---|--|
| AGENCY Sentry Insurance Company | | NAMED INSURED DELL ROMAINE COMPANIES INC DBA ROMAINE COMPANIES | |
| POLICY NUMBER 25-48599-03 | | EFFECTIVE DATE: 11/25/2017 | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

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

[Empty box for additional remarks]