

AGENCY CUSTOMER ID: 00023852

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Smith-Feike-Minton Inc.		NAMED INSURED Bobcat Enterprises, 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

Thirty (30) Days Notice of Cancellation will be given except in the event of non-payment of premium.

Additional Named Insureds

Other Named Insureds

BEI MT Orab LLC	Additional Insured
BEI Properties LLC	Additional Insured
Trapp Enterprises LLC	Other, Additional Insured