



ADDITIONAL REMARKS SCHEDULE

AGENCY Subcontractors insurance agent name	Subcontractor's name and address go here
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**

Coverage includes EIFS applications

Business Auto:

SA3002 0608 - Additional Insured-Automatic Status and Transfer of Rights of Recovery Against Others to Us when required by written contract or agreement
 SA3006 0416 - Primary and Noncontributory Insurance-Automatic Status as required by contract

Workers Compensation:

WC420304B - Blanket Waiver of Subrogation for all Texas operations
 WC420601 - Blanket Texas Notice of Material Change - 30 days

Excess Liability:

Policy is Follow Form except with respects 30-Day Notice of Cancellation.

Job Description/Project Name go here

NOTE:

Robinson General Contractors and our Client must be listed as additional insurers.