





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Baggage Airline Guest Services, Inc.	
POLICY NUMBER See Certificate Number: 570097395990			
CARRIER See Certificate Number: 570097395990	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G: Everest Indemnity Insurance Company	10851
INSURER H: Great American Spirit Ins Co	33723
INSURER I: American Guarantee & Liability Ins Co	26247
INSURER J: XL Insurance America Inc	24554

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
C				CH23RXS203X3YIC \$10M xs \$10M	01/01/2023	01/01/2024	Aggregate	\$10,000,000
D				XANG27921103008 \$15M x \$20M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
E				XSC30000541305 \$15M x \$35M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
F				03126674 \$10M xs \$50M	01/01/2023	01/01/2024	Aggregate	\$10,000,000
G				XC8EX00125231 \$15M xs \$60M	01/01/2023	01/01/2024	Aggregate	\$15,000,000
I				AXF565834103 \$12.5M po \$25M xs \$75M	01/01/2023	01/01/2024	Aggregate	\$12,500,000
H				EXC4691158 \$12.5M po \$25M xs \$75M	01/01/2023	01/01/2024	Aggregate	\$12,500,000
							Each Occurrence	\$12,500,000