

AGENCY CUSTOMER ID: POWEUS01-C

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Yates, LLC		NAMED INSURED PowerComm USA, LLC 5665 Shirlee Industrial Way Alpharetta GA 30004	
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

GA101 12/04 – Commercial General Liability Coverage Form
 GA233 09/17 – Contractors Commercial General Liability Broadened Endorsement
 GA472 05/20 – Contractors Additional Insured – Automatic Status and Automatic Waiver of Subrogation When Required In Written Contract, Agreement, Permit or Authorization
 AA288 01/16 - CinciPlus Business Auto Expanded Coverage Plus Endorsement
 USC513 05/10 – Commercial Umbrella liability Coverage Part Declaration
 US101UM 12/04 – Commercial Umbrella
 US3070 08/20 – Contractor's Limitations – Including Excess Wrap-Up and Injury Or Damage To Or Resulting From Your Work And Injury Or Damage Resulting From Your Product
 US4096 01/21 – Automatic Primary and Non-Contributory Coverage Endorsement – When Required By Written Contract
 WC000313 - Waiver of Our Right To Recover From Others Endorsement