

AGENCY CUSTOMER ID: HAWKIINC

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Hawkins, Inc. 2381 Rosegate Roseville, MN 55113	
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

Insureds for Workers' Compensation, General Liability and Automobile Liability as required by written contract or agreement. Excess Liability follows form over the General Liability, Automobile Liability and Employers Liability subject to policy terms, conditions and exclusions.