



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Legacy Plus Insurance Agency		NAMED INSURED 1st Stop Recovery, 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: Remarks

Vehicles:
 2019 Ram 4500 VIN 3C7WRKAL8KG566896
 2017 Ram 4500 VIN 3C7WRKAL0HG691755
 2024 Ram 4500 VIN 3C7WRKAL8RG155556
 2024 Ram 4500 VIN 3C7WRKAL6RG282936