

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|---------------------------|--|--|
| AGENCY Foundation Ins Group LLC | | NAMED INSURED Gardner LLC 1112 Phosphor Ave Metairie, LA 70005 | |
| POLICY NUMBER 977845724 | | | |
| CARRIER Progressive Paloverde Insurance Company | NAIC CODE 44695 | EFFECTIVE DATE: 02/23/2024 | |

ADDITIONAL REMARKS

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

Description of Location/Vehicles/Special Items

Scheduled autos only

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2011 FORD F250 1FT7X2A61BEC66187

Liability coverage may not apply to all scheduled vehicles.

Additional Information

Certificate holder is listed as an Additional Insured.