

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED Allpro Scales and Equipment LLC 27310 James King Rd Hammond, LA 70403	
POLICY NUMBER 956534203			
CARRIER Progressive Paloverde Insurance Company	NAIC CODE 44695	EFFECTIVE DATE: 03/09/2023	

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only
 1990 FORD N-SERIES 1FDYW90L2LVA24223

Liability coverage may not apply to all scheduled vehicles.