



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

To Be Completed

To Be Completed

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: _____ FORM TITLE: _____

Indicate Additional Coverages per Insurance Schedule:

<u>Carrier Name</u>	<u>NAIC #</u>	<u>Coverage</u>	<u>Policy Eff Date</u>	<u>Policy Exp Date</u>	<u>Limits of Liability</u>
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Notes:

- List additional Comments/Indemnitees & demonstrate that you are compliant with required policy endorsements by enumerating them here. For example, contractor's policies provided to the additional Insureds is primary and non-contributory.
 - As a reminder, physical copies of all endorsements must also be submitted.
- Please refer to this link - <http://www.mta.info/vendor-insurance> to copy the Indemnitees for your contract.