





AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Moody-Valley Insurance Agency, Inc.		NAMED INSURED Arrowhead Improvements Association 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: Notes

### CONTRACTUAL LIABILITY APPLIES PER POLICY TERMS AND CONDITIONS

Accident/Health coverage-Policy #PHP ; Philadelphia Indemnity Insurance Company Effective 4/4/2022 to 4/4/2023. Accidental Death \$25,000  
Accidental Dismemberment Up to \$50,000 Accident Medical Expense Benefits Maximum Benefit \$100,000

#### IMPORTANT:

The policy forms referenced will be sent via email only. To obtain copies, please send your request with the email address to certrequestgj@moodyins.com