



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

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



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Progressive Insurance		<b>NAMED INSURED</b> Royal Gutter Company LLC 4238 Alternate 19 Unit A Palm Harbor, FL 34683	
<b>POLICY NUMBER</b> 969435923		<b>EFFECTIVE DATE:</b> 05/12/2025	
<b>CARRIER</b> Progressive Express Insurance Company	<b>NAIC CODE</b> 10193		

**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
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Uninsured Motorist - Nonstacked	\$250,000/\$500,000

**Description of Location/Vehicles/Special Items**

Scheduled autos only		Stated Amount	\$75,000
2022 GMC SAVANA 7GZ67UC79NN002834			
Comprehensive	\$500 Ded		
Collision	\$500 Ded		