



AGENCY CUSTOMER ID: XXXXXX0566

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Leah Lineberry		NAMED INSURED Efe Inc DBA Everglades Equipment Group	
POLICY NUMBER 4982070004			
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 04/01/2022	

ADDITIONAL REMARKS

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



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