





AGENCY CUSTOMER ID: XXXXXX7411

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

### ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Brent Bouman		<b>NAMED INSURED</b> Thermoformer Parts Suppliers LLC	
<b>POLICY NUMBER</b> 2506188003			
<b>CARRIER</b> Sentry Insurance Company	<b>NAIC CODE</b> 24988	<b>EFFECTIVE DATE:</b> 01/01/2021	

**ADDITIONAL REMARKS**

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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	
SPE Thermoforming Division	
Start Date of Show 09/19/2021	End Date of Show 09/22/2021
Event Name SPE Thermoforming Conference	
Event Location DeVos Place, Grand Rapids, MI	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**Change effective 07/20/2021**

**CG 20 26 04 13**

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Sentry Insurance Company

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