

AGENCY CUSTOMER ID: 00000361

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Legacy Plus Insurance Agency Inc		NAMED INSURED TJL Inc., DBA: Pratt Adjustment Bureau	
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

VEHICLES:

2018 Ford F450 VIN 1FDUF4HTXJEB54706
2022 Ram 5500 VIN 3C7WRMDJ1NG255921
2016 Toyota Corolla VIN 2T1BURHE0GC591982
2024 Ram 4500 VIN 3C7WRKAJ3RG240609
2024 Ram 4500 VIN 3C7WRKAJXRG274319