



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

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



### ADDITIONAL REMARKS SCHEDULE

AGENCY State Farm-Lynsie Maldonado		NAMED INSURED Larry Rosenberger	
POLICY NUMBER 90ECC3707		109 S Alamo Plz San Antonio, TX 78205	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 01/01/2018	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

30 days notice of cancellation or non-renewal must be provided to the Franchisor on all coverage.  
Coverage listed are minimum requirements.  
Carriers must be A-Rated or better by AM best.