

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Complete Insurance Service Norcross		NAMED INSURED Ga Chocolate And Ice Cream LLC	
POLICY NUMBER 10149479CU, 961961637, 10149476CB			
CARRIER State Auto Insurance	NAIC CODE 25135, 3519	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

**Certificate Holder Name:

Kilwins Chocolates Franchise Inc and Kilwins Quality Confections Inc