

AGENCY CUSTOMER ID: 00039455

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Mack, Mack & Waltz Insurance Group, Inc.		NAMED INSURED B & M Marine Construction, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

A: Hull/Protective & Indemnity: Policy #MLIB-1001041-01/Effective 8/11/19 to 8/11/2020/Limit: \$1,000,000.
A: Scheduled Equipment Limit: Policy #MLIB-1001041-01/ Effective 8/11/19 to 8/11/2020/\$422,589/ACV/80% Co-ins./\$1,000 Deductible/ A: Rented/Leased Equipment: \$250,000
F: Pollution Liability:Policy #OMH 1441536 06 Effective 8/11/19 to 8/11/2020. Limit:\$1,000,000 /Ded:NONE