



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---------------------------------|------------------|---|--|
| AGENCY Marsh USA Inc. | | NAMED INSURED G&K Services, Inc. and its Subsidiaries 5995 Opus Parkway, Suite 500 Minnetonka, MN 55343 | |
| 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

Workers Compensation Cont:

Workers Compensation (WI)

Carrier: ACE Fire Underwriters Insurance Company

Policy number: SCFC49106191

Policy dates: 12/01/2016 - 12/01/2017

For Texas workers' compensation, note Texas Employers Excess Indemnity policy.