

AGENCY CUSTOMER ID: 00165428

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY California Southwestern Insurance Agency		NAMED INSURED Augusta Communities, LLC	
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

Commercial Crime Insurance is provided by Hiscox Insurance Company as follows: Employee Theft: \$2,000,000; Third Parties Property: \$2,000,000 subject to a \$10,000 deductible.