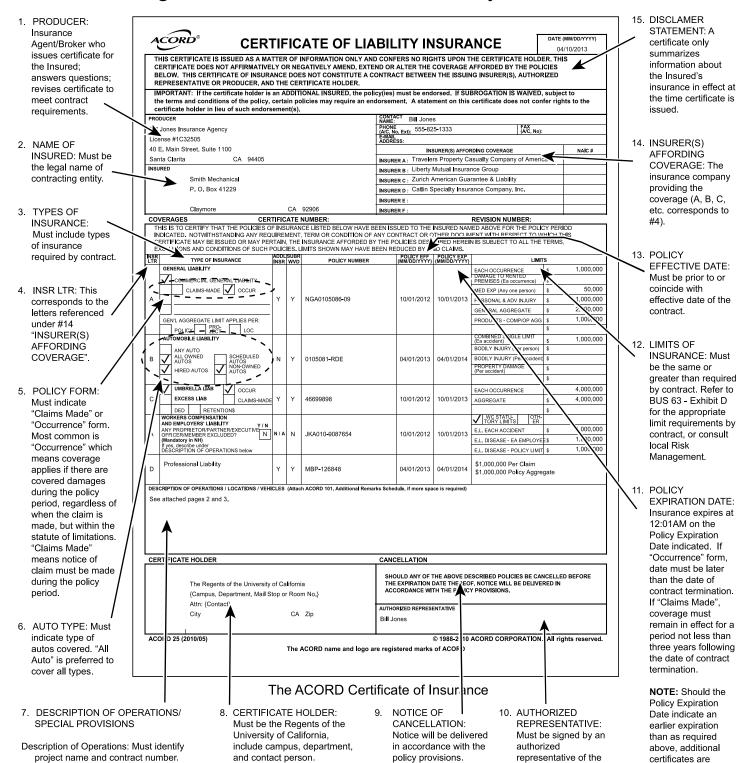
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## **Quick Tips**

## Understanding the Acord Certificate of Liability Insurance



Certificate Holder does not

been named as an Insured.

mean that the University has

Special Provisions: See ADDITIONAL

attached.

REMARKS SCHEDULES, page 2

needed to evidence

contract termination.

insurance through

Producer referenced

under #1 above.

AGENCY CUSTOMER ID:	
1.00 #.	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

		NAMED INSURED
Bill Jones Insurance Agency		Smith Mechanical
POLICY NUMBER		P. O. Box 41229
ARRIER	NAIC CODE	Claymore, CA 92906
		EFFECTIVE DATE:
DDITIONAL REMARKS		
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD	FORM,	
ORM NUMBER: 25 FORM TITLE: Certificate of Liabilit	ty Insurance	
Special Provisions:		
		University, and each of their Representatives, consultants, officers, agents, or not identified in the Contract Documents or to the Contractor in writing, are
		ct and pursuant to additional insured endorsement CG2010 (11/85) or a
ombination of both CG 2010 (10/01 or 07/04) and CG 2037 (10/01 or		
The Consent Lightlitus assessment shall contain a Consentition		isian and shall be mineral incomes as respects. The Departs of the University
		vision and shall be primary insurance as respects The Regents of the University o intained by The Regents of the University of California shall be excess of and
on-contributory with this insurance.	modranoo ma	interned by the regards of the chiveleng of Camernia chair be exceed of and
The Professional Liability insurance policy shall include Co	ntractual Liab	ility coverage for liability that would exist in the absence of the contract.
1		
Provision #3 is required only if professional	I corvides o	
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