



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC # \_\_\_\_\_

CERTIFICATE: 2052842 DATE ISSUED: 4/20/22

**ACORD**<sup>TM</sup>

### ADDITIONAL REMARKS SCHEDULE

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<small>AGENCY</small> K & K INSURANCE GROUP, INC.		<small>NAMED INSURED</small> B.A.S.S. NATION 3500 BLUE LAKE DRIVE, SUITE 330 BIRMINGHAM, AL 35243	
<small>POLICY NUMBER</small> GL KRO0008977400  PA BAX0031851500			
<small>CARRIER</small> SEE ACORD 25	<small>NAIC CODE</small>  	<small>EFFECTIVE DATE: SEE ACORD 25</small>	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

WAIVER OF SUBROGATION IS INCLUDED IN FAVOR OF THE ADDITIONAL INSURED