



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

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

CERTIFICATE: 2052561 DATE ISSUED: 4/15/22

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

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

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

**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