





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mason &amp; Mason Insurance Agency, Inc.</b>		NAMED INSURED <b>Boston Sign Company Inc. c/o Liz Thill 457 Eliot Street Milton, MA 02186</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Primary Non-contributory for Business Auto applies in favor of Additional Insureds per terms and conditions of for 64-8722

Waiver of transfer of rights of recovery for General liability applies in favor of Additional Insureds per terms and conditions of attached form BP 0497 0106.

Waiver of transfer of rights of recovery for Business Auto applies in favor of Additional Insureds per terms and conditions of form 64-8722 10/12

Waiver of transfer of rights of recovery for Workers Compensation applies in favor of Additional Insureds per terms and conditions of form WC000313 4/84

Forms available upon request.