

AGENCY CUSTOMER ID: 00082114

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Hays Companies Inc.		NAMED INSURED Bear Valley Springs Association	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Location #2- 24981 Sunset Way, Techachapi, CA 93561