

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Hub International Northwest LLC		NAMED INSURED Tehaleh Owners Association 17681 Cascadia Blvd E Bonney Lake WA 98391-5112	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** CERTIFICATE OF PROPERTY INSURANCE

DESCRIPTION OF PROPERTY:

Furnishings. Property Values are reviewed annually. Waiver of Subrogation against a unit owner applies to Property and GL. Property Values are reviewed annually.