



AGENCY CUSTOMER ID: 0100009440

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
POLICY NUMBER WCV 0161266 03		CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032	
CARRIER Pharmacists Mutual	NAIC CODE 13714	EFFECTIVE DATE: 12/01/19	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM****FORM NUMBER:** Acord25 **FORM TITLE:** EVIDENCE OF COMMERCIAL LIABILITY INSURANCE