



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis (Bermuda) Ltd.		NAMED INSURED St. Joseph Hospital of Eureka 1915 E. Rezanof Drive Kodiak, AK 99615	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

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

Division/Location: Contracts Management/Ann Schuler

The General Liability policy includes a Cross Liability clause

It is agreed that Humboldt County, its officers, officials, employees and volunteers are included as Additional Insureds as respects to General Liability where required by written contract.