

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Amerigo Insurance Agency		NAMED INSURED ACE XPRESS INC 4697 WEST AMHERST AVENUE FRESNO, CA 93722	
POLICY NUMBER 871125066			
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 03/13/2026	

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured Motorist	\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only	
2020 FREIGHTLINER CASCADIA 126 1FUJHHDR2LLLA0425	
Medical Payments	\$5,000 each person
2030 Non-owned Attached Trailer	