



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher RMS, Inc		NAMED INSURED Circle Delivery Service, Inc. P.O. Box 100595 Nashville TN 37224	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
 (hired auto physical damage) is included on non-owned trucks, tractors and trailers in the insured's care, custody and control for a period not to exceed 30 days at a limit of \$100,000 with \$5,000 Comprehensive and \$5,000 Collision deductible.
 For information contact:
 Marshall Brown or
 Joyce Wilson
 615-661-7500 Local
 888-661-7501 TN & US Wats
 Joyce_Wilson@ajg.com