





**ADDITIONAL REMARKS SCHEDULE**

AGENCY MARSH USA INC.		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

WORKERS COMPENSATION (CONTINUED):

INSURER: Starr Indemnity & Liability Company  
 POLICY NUMBER: 100 0004054 (AZ,CT,IA,NJ,NC,VT)

INSURER: Starr Specialty Insurance Company

POLICY NUMBER: 100 0004055 (CA)

POLICY NUMBER: 100 0004056 (NY)

EFFECTIVE DATE: 3/01/2022

EXPIRATION DATE: 3/01/2023

PER STATUTE

LIMITS:

E.L. EACH ACCIDENT: \$1,000,000

E.L. DISEASE - EA EMPLOYEE: \$1,000,000

E.L. DISEASE - POLICY LIMIT: \$1,000,000

CERTIFICATE HOLDER CONTINUED: