

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED South Florida Technical College Inc 1500 West Cypress Creek Rd #404 Ft Lauderdale, FL 33309	
POLICY NUMBER 869739340			
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 02/17/2026	

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
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Uninsured Motorist - Nonstacked	\$50,000/\$100,000

Description of Location/Vehicles/Special Items

Scheduled autos only
 2010 IC CORPORATION 3000 4DRBUAAN7AB138214