



ADDITIONAL REMARKS SCHEDULE

AGENCY EASTERN INSURANCE GROUP LLC/PHS		NAMED INSURED INVOICE CLOUD, INC 35 BRAINTREE HILL PARK STE 100 BRAINTREE MA 02184	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy. Waiver of Subrogation applies in favor of the Certificate holder per the Business Liability Coverage Form SS0008 attached to this policy. Notice of cancellation will be provided in accordance with Form SS1224. Coverage is primary and non-contributory per the Business Liability Coverage Form SS0008 attached to this policy