

**ADDITIONAL REMARKS SCHEDULE**

AGENCY AP Benefit Advisors, LLC dba BHI		NAMED INSURED Birch Pointe Condominium Association P.O. Box 1195 Hockessin, DE 19707	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

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

**Description of Operations/Locations/Vehicles:
Ordinance & Law - Increased Cost of Construction - Limit - \$200,000
Equipment Breakdown Coverage Included
Wind/Hail included
Severability of Interest/Separation of Insured is included
Notice of Cancellation is 30 days, except for 10 days notice for non-payment of premium.**