



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY DCI Insurance		NAMED INSURED Reflections at Hidden Lake Condominium Association
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: Notes

DIRECTORS & OFFICERS LIABILITY - \$1,000,000
Philadelphia Insurance
Policy #PCAP052829-0126
Effective 4/20/26-4/20/27

CRIME
Employee Dishonesty - \$2,400,000 - management company included
Travelers Insurance
Policy #106280030
Effective 4/20/26-4/20/27