





## ADDITIONAL REMARKS SCHEDULE

|   |                           |   |  |
|---|---------------------------|---|--|
| <b>AGENCY</b><br>USAA Insurance Agency Inc.         |                           | <b>NAMED INSURED</b><br>RED CEDAR PROFESSIONAL INSPECTIONS LLC<br>209 Josie Ln<br>Clarksville, TN 37043 |  |
| <b>POLICY NUMBER</b><br>981622818                   |                           | <b>EFFECTIVE DATE:</b> 05/23/2024   |  |
| <b>CARRIER</b><br>Progressive Hawaii Insurance Corp | <b>NAIC CODE</b><br>10067 |   |  |

**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                            |
|----------------------------------|-----------------------------------|
| Uninsured Motorist Bodily Injury | \$1,000,000 Combined Single Limit |

**Description of Location/Vehicles/Special Items**

**Scheduled autos only**

|                                    |   |
|------------------------------------|---|
| 2016 RAM 2500 3C6UR5DL1GG234525    |   |
| Comprehensive                      | \$500 Ded                                       |
| Uninsured Motorist Property Damage | (included in combined single limit w/\$200 Ded) |
| Collision                          | \$500 Ded                                       |
| Rental Reimbursement               | \$300 Per Day (\$9,000 Max)                     |
| Roadside Assistance                | Selected w/\$0 Ded                              |
| Medical Payments                   | \$5,000   |

Liability coverage may not apply to all scheduled vehicles.