





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>James R. Favor &amp; Company, LLC</b>		NAMED INSURED <b>Kappa Sigma Fraternity Alumni House Fund Association Inc 1610 Scottsville Road Charlottesville, VA 22902</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

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

## Notice to Certificate Holder

We have received the insured's approval to provide the enclosed Certificate of Liability Insurance and Additional Insured terms and conditions information for your files.

Please review the enclosed certificate and the relevant additional policy forms carefully. The certificate is issued as a matter of information only. The actual insurance policy terms and conditions control and may not comply with or respond to all the provisions of your request.

We trust this handling meets with your approval. A full Specimen Policy is available for your review at [www.favorandcompany.com](http://www.favorandcompany.com). Should you have questions in any area, please contact our office.