



ADDITIONAL REMARKS SCHEDULE

AGENCY GAVIN INSURANCE AGENCY		NAMED INSURED MY THERAPY COMPANY LLC. NPA	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD25 FORM TITLE: Certificate of Liability Insurance Old Format

CERTIFICATEHOLDER IS INCLUDED AS ADDITIONAL INSURED.