



ADDITIONAL REMARKS SCHEDULE

AGENCY StateChoice Insurance		NAMED INSURED BARE COVE LOGISTICS LLC 121 North St Unit 229 Hingham, MA 02043	
POLICY NUMBER [REDACTED]		EFFECTIVE DATE: 08/21/2025	
CARRIER Progressive Casualty Insurance Company	NAIC CODE 24260		

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
Compulsory BI/PD Liability	\$25,000/\$50,000/\$30,000
Motor Truck Cargo	\$200,000 w/\$2,500 Ded
Non-Owned Trailer Physical Damage	\$40,000 w/\$2,000 Ded
Personal Injury Protection	\$8,000 w/\$0 Ded Named Insured only
Uninsured Motorist Bodily Injury	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2019 PETERBILT 579 [REDACTED]	Stated Amount [REDACTED]
Collision	\$2,500 Ded
Comprehensive	\$1,000 Ded w/\$0 glass Ded
Roadside Assistance	Selected w/\$250 Ded
2030 Non-owned Attached Trailer	