





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Verify Insurance Services, Inc. DBA Thimble Insurance Services		<b>NAMED INSURED</b> Ormi by Fiona LLC 2522 River Ridge, Missouri City, TX, 77459 Fionaxpa21@gmail.com	
<b>POLICY NUMBER</b> IBL-FK6ZB99X8		<b>EFFECTIVE DATE:</b> 10/16/2022 3:33 PM CDT	
<b>CARRIER</b> National Specialty Insurance Company	<b>NAIC CODE</b> 22608		

**ADDITIONAL REMARKS**

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

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-FK6ZB99X8 until 10/16/2024 3:33 PM CDT