



ADDITIONAL REMARKS SCHEDULE

AGENCY Agent Name	NAMED INSURED Motor Carrier Business Name
POLICY NUMBER	Street Address City, State, Zip Code
CARRIER	NAIC CODE
EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

WC Coverage must extend to all employees of the Contract Carrier where statutorily required.
Occupational Accident includes \$250,000 Accidental Death & Dismemberment Benefit; Weekly Total Disability Benefit and Permanent Total Disability Benefit of \$500 per week for no shorter than 104 weeks. Contingent Liability is in favor of RXO Last Mile, Inc and affiliates.

**If Proprietor, Partner or Corporate Officer is excluded as allowed under state statutory requirements, Occupational Accident must be obtained.
AK, AZ, CA, CO, CT, DC, DE, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MN, MT, NC, ND, NE, NH, NJ, NV, NY, OK, OR, PA, RI, SD, UT, VT, WA, WI, WV -
Workers Compensation required for all drivers & helpers. Occupational Accident is not an option in these states, except for the sole proprietor, partners,
corporate officers.*

FL, GA, SC, AL, AR, MS, MO, NM, TN, VA, TX, MI - Occupational Accident is allowed for all drivers & helpers up to state specific threshold only.

In addition, please consider the following :

- An actual copy of the endorsements referenced must be submitted along with the COI and blanket endorsement wording will not suffice.
- A true and certified copy of the insurance policy is due to be submitted to compliance within 40 days of the policy inception.