





### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>CTK North American Insurance Services, LLC</b>		NAMED INSURED <b>Cameron and Company, Inc. 9081 W. Sahara Avenue, #270 Las Vegas, NV 89117</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

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

**Remarks:**

**STOP GAP E/L**  
**Stop Gap Employers Liability**  
**03/01/2014-03/01/2015**  
**Zurich American Insurance Company**  
**PRA5908306-01**  
**\$1M - Bodily Injury by Accident**  
**\$1M - Bodily Injury by Disease-Each Employee**  
**\$1M - Bodily Injury by Disease-Policy Limit**

**Workers Compensation - ID**  
**07/01/2013-07/01/3014**  
**Tower Insurance Company of New York**  
**WCP-AV00301-13**  
**\$1M - Bodily Injury by Accident**  
**\$1M - Bodily Injury by Disease-Each Employee**  
**\$1M - Bodily Injury by Disease-Policy Limit**