





**ADDITIONAL REMARKS SCHEDULE**

|   |                             |  |  |
|---|-----------------------------|--|--|
| AGENCY<br><b>Miami-Alliant Insurance Services, Inc.</b> |                             | NAMED INSURED<br><b>Point Blank Enterprises, Inc<br/>                 Point Blank Intermediate<br/>                 Holding LLC<br/>                 2102 SW 2nd St<br/>                 Pompano Beach, FL 33069</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>                      |                             | EFFECTIVE DATE: <b>SEE PAGE 1</b>  |  |
| CARRIER<br><b>SEE PAGE 1</b>                            | NAIC CODE<br><b>SEE P 1</b> |  |  |

**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/Locations/Vehicles:**

- Alaska
- Arizona
- Arkansas
- Colorado
- Delaware
- Hawaii
- Idaho
- Iowa
- Minnesota
- Missouri
- Montana
- Nebraska
- Nevada
- Oklahoma
- Oregon
- South Dakota
- Utah
- Washington
- Wisconsin