





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> George Crockett Academy c/o Leona Master, L.L.C. 7878 North 16th St, Ste. 150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

Coverage: Crime  
 Policy # PHPK1881733  
 Policy Dates : 9/29/2018 - 9/29/2019  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy # PHPK1881733  
 Policy Dates : 9/29/2018 - 9/29/2019  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy # PHPK1881732  
 Policy Dates: 9/29/2018 - 9/29/2019  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$10,000 Retention