



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED State of Oklahoma P.O. Box 53364 Oklahoma City, OK 73152-3364	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

Public Officials Liability Continued:

Employment Practices Liability
 Occurrence - \$1,000,000
 Aggregate - \$3,000,000