



ADDITIONAL REMARKS SCHEDULE

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| AGENCY Willis of Massachusetts, Inc. | | NAMED INSURED UniFirst Corporation and its Subsidiaries 68 Jonspin Road Wilmington, MA 01887 | |
| POLICY NUMBER See First Page | | EFFECTIVE DATE: See First Page | |
| CARRIER See First Page | NAIC CODE | | |

ADDITIONAL REMARKS

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

It is understood and agreed that the Company waives its right of subrogation against the Additional Insureds which may arise by reason of a payment of claim under all the policies, if required by written contract and as permitted by law.

Additional Insured: SFA Police Dispatch