

ACORD 193 (2013/09) - OPEN CARGO SECTION

ACORD 193, Open Cargo Section is used to provide basic information for marine coverage involving an open cargo policy.

Individual company manuals should be consulted for unique underwriting, rating, and other information required by specific companies.

This form is designed to be used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Applicant / First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INTEREST	Applicant Is-Freight Forwarder (Checkbox)	Check the box (if applicable): Indicates if the applicant's interest is as a freight forwarder.
INTEREST	Shipper Of Owned Property (Checkbox)	Check the box (if applicable): Indicate if an insurable interest in the property has been shipped on owned vehicles or other vehicles while in transit by virtue of ownership.
INTEREST	Importer (Checkbox)	Check the box (if applicable): Indicates if the applicant's interest is as an importer.
INTEREST	Exporter (Checkbox)	Check the box (if applicable): Indicates if the applicant's interest is as an exporter.
INTEREST	Other (Checkbox)	Check the box (if applicable): Indicate if the insured's interest in the property being shipped is other than those listed.
CONVEYANCE USED	Conveyance Used Field	Enter text: The description of the conveyance used.

OPERATIONS	Property Shipped	Enter text: The description of property shipped.
OPERATIONS	Points of Origin	Enter text: The description of the points of origin.
OPERATIONS	Points of Destination	Enter text: The description of the points of destination.
GENERAL INFORMATION	Average Value (\$)	Enter amount: The average value of the items shipped.
GENERAL INFORMATION	Per Field	Enter text: The description of what the average value applies to (i.e., per shipment).
GENERAL INFORMATION	Packing	Enter text: The description of the packing.
GENERAL INFORMATION	Annual Gross Sales (\$)	Enter amount: The annual gross sales amount.
GENERAL INFORMATION	Coverage Form	Enter text: The description of the coverage form.
COVERAGES	Valuation	Enter code: Indicates the type of value used in determining the limit of insurance.
COVERAGES	Annual Values (\$)	Enter amount: The annual values amount for international transit coverage.
COVERAGES	Limit (\$)	Enter limit: The limit amount for international transit coverage.
COVERAGES	Per	Enter code: The code identifying what the limit applies to (i.e. per shipment).
COVERAGES	Ded (\$)	Enter deductible: The deductible amount for international transit coverage.
COVERAGES	Other Coverage Type One	Enter code: The code for the coverage being requested.
COVERAGES	Valuation One	Enter code: Indicates the type of value used in determining the limit of insurance.
COVERAGES	Annual Values (\$) One	Enter amount: The annual values amount for the coverage.
COVERAGES	Limit (\$) One	Enter limit: The limit amount for the coverage.
COVERAGES	Per One	Enter code: The code identifying what the limit applies to (i.e. per shipment).
COVERAGES	Ded (\$) One	Enter deductible: The deductible amount for the coverage.
COVERAGES	Other Coverage Type Two	Enter code: The code for the coverage being requested.
COVERAGES	Valuation Two	Enter code: Indicates the type of value used in determining the limit of insurance.
COVERAGES	Annual Values (\$) Two	Enter amount: The annual values amount for the coverage.
COVERAGES	Limit (\$) Two	Enter limit: The limit amount for the coverage.
COVERAGES	Per Two	Enter code: The code identifying what the limit applies to (i.e. per shipment).
COVERAGES	Ded (\$) Two	Enter deductible: The deductible amount for the coverage.
COVERAGES	Other Coverage Type Three	Enter code: The code for the coverage being requested.
COVERAGES	Valuation Three	Enter code: Indicates the type of value used in determining the limit of insurance.

COVERAGES	Annual Values (\$) Three	Enter amount: The annual values amount for the coverage.
COVERAGES	Limit (\$) Three	Enter limit: The limit amount for the coverage.
COVERAGES	Per Three	Enter code: The code identifying what the limit applies to (i.e. per shipment).
COVERAGES	Ded (\$) Three	Enter deductible: The deductible amount for the coverage.
COVERAGES	Other Coverage Type Four	Enter code: The code for the coverage being requested.
COVERAGES	Valuation Four	Enter code: Indicates the type of value used in determining the limit of insurance.
COVERAGES	Annual Values (\$) Four	Enter amount: The annual values amount for the coverage.
COVERAGES	Limit (\$) Four	Enter limit: The limit amount for the coverage.
COVERAGES	Per Four	Enter code: The code identifying what the limit applies to (i.e. per shipment).
COVERAGES	Ded (\$) Four	Enter deductible: The deductible amount for the coverage.
ADDITIONAL COVERAGES	Returned / Refused (Checkbox)	Check the box (if applicable): Indicates returned / refused coverage is requested.
ADDITIONAL COVERAGES	FOB Shipments (Checkbox)	Check the box (if applicable): Indicates FOB shipments coverage is requested.
ADDITIONAL COVERAGES	Fraudulent B/L & Receipt (Checkbox)	Check the box (if applicable): Indicates fraudulent bill of lading and receipts coverage is requested.
ADDITIONAL COVERAGES	War (Checkbox)	Check the box (if applicable): Indicates war coverage is requested.
ADDITIONAL COVERAGES	Duty (Checkbox)	Check the box (if applicable): Indicates duty coverage is requested.
ADDITIONAL COVERAGES	DE / Consolidation (Checkbox)	Check the box (if applicable): Indicates de / consolidation coverage is requested.
ADDITIONAL COVERAGES	Brands / Labels (Checkbox)	Check the box (if applicable): Indicates brands / labels coverage is requested.
ADDITIONAL COVERAGES	Pairs / Sets (Checkbox)	Check the box (if applicable): Indicates pairs / sets coverage is requested.
ADDITIONAL COVERAGES	Dic (Checkbox)	Check the box (if applicable): Indicates DIC coverage is requested.
ADDITIONAL COVERAGES	Other (Checkbox)	Check the box (if applicable): Indicates other coverage is requested.
EXCLUSIONS	Marring, Denting, Chipping & Scratching (Checkbox)	Check the box (if applicable): Indicates marring, denting, chipping and scratching is excluded.
EXCLUSIONS	Breakage (Checkbox)	Check the box (if applicable): Indicates breakage is excluded.
EXCLUSIONS	Rust (Checkbox)	Check the box (if applicable): Indicates rust is excluded.
EXCLUSIONS	Discoloration & Oxidation (Checkbox)	Check the box (if applicable): Indicates discoloration and oxidation is excluded.

EXCLUSIONS	Mechanical/Electrical (Checkbox)	Check the box (if applicable): Indicates mechanical and electrical are excluded.
EXCLUSIONS	Other (Checkbox)	Check the box (if applicable): Indicates there are other exclusions.
REMARKS	Remarks	Enter text: The general remarks associated with the commercial inland marine line of business. Use this section to provide any additional information required for underwriting or rating.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.