## OPEN CARGO SECTION

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<tr>
<th>AGENCY</th>
<th>CARRIER</th>
<th>NAIC CODE</th>
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<tr>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPLICANT / FIRST NAMED INSURED</th>
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### INTEREST CONVEYANCE USED

- APPLICANT IS:
  - FREIGHT FORWARDER
  - SHIPPER OF OWNED PROPERTY
  - IMPORTER
  - EXPORTER
  - OTHER

### OPERATIONS

PROPERTY SHIPPED:

POINTS OF ORIGIN:

POINTS OF DESTINATION:

### GENERAL INFORMATION

AVERAGE VALUE

PER

$ ANNUAL GROSS SALES

$ COVERAGE FORM

### COVERAGES

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>VALUATION</th>
<th>ANNUAL VALUES</th>
<th>LIMIT</th>
<th>PER</th>
<th>DED</th>
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### ADDITIONAL COVERAGES

- RETURNED / REFUSED
- FOB SHIPMENTS
- FRAUDULENT B/L & RECEIPT
- DUTY
- WAR
- DE / CONSOLIDATION
- BRANDS / LABELS
- PAIRS / SETS
- DIC
- OTHER

### EXCLUSIONS

- MARRING, DENTING, CHIPPING & SCRATCHING
- RUST
- BREAKAGE
- DISCOLORATION & OXIDATION
- MECHANICAL / ELECTRICAL
- OTHER

### REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER

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