

# ACORD™ OPEN CARGO SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
AGENCY CUSTOMER ID:	FOR COMPANY USE ONLY					

## INTEREST

## CONVEYANCE USED

<b>APPLICANT IS</b> <input type="checkbox"/> FREIGHT FORWARDER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY <input type="checkbox"/> IMPORTER	<input type="checkbox"/> EXPORTER <input type="checkbox"/> OTHER	
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## OPERATIONS

PROPERTY SHIPPED	
POINTS OF ORIGIN	POINTS OF DESTINATION

## GENERAL INFORMATION

AVERAGE VALUE	PER	PACKING
\$		
ANNUAL GROSS SALES	COVERAGE FORM	
\$		

## COVERAGES

COVERAGE TYPE	VALUATION	ANNUAL VALUES	LIMIT	PER	DED
INTERNATIONAL TRANSIT		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

## ADDITIONAL COVERAGES

<input type="checkbox"/> RETURNED/REFUSED	<input type="checkbox"/> FRAUDULENT B/L & RECEIPT	<input type="checkbox"/> DUTY	<input type="checkbox"/> BRANDS/LABELS	<input type="checkbox"/> DIC
<input type="checkbox"/> FOB SHIPMENTS	<input type="checkbox"/> WAR	<input type="checkbox"/> DE/CONSOLIDATION	<input type="checkbox"/> PAIRS/SETS	<input type="checkbox"/> OTHER

## EXCLUSIONS

<input type="checkbox"/> MARRING, DENTING, CHIPPING & SCRATCHING	<input type="checkbox"/> RUST	<input type="checkbox"/> MECHANICAL/ELECTRICAL
<input type="checkbox"/> BREAKAGE	<input type="checkbox"/> DISCOLORATION & OXIDATION	<input type="checkbox"/> OTHER

## REMARKS