

# ACORD™ OPEN CARGO SECTION

DATE

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

**INTEREST**

**CONVEYANCE USED**

|   |   |
|---|---|
| APPLICANT IS<br><input type="checkbox"/> FREIGHT FORWARDER<br><input type="checkbox"/> SHIPPER OF OWNED PROPERTY<br><input type="checkbox"/> IMPORTER | <input type="checkbox"/> EXPORTER<br><input type="checkbox"/> OTHER |
|---|---|

**OPERATIONS**

|                  |                       |
|------------------|-----------------------|
| PROPERTY SHIPPED |                       |
| POINTS OF ORIGIN | POINTS OF DESTINATION |

**GENERAL INFORMATION**

|                                     |               |
|-------------------------------------|---------------|
| AVERAGE VALUE<br>\$ _____ PER _____ | PACKING       |
| ANNUAL GROSS SALES<br>\$ _____      | 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**