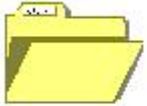


Short-term Multi-buyer Policy Claim

Section A - Names and Addresses



Complete the following:

(* An asterisk denotes that a field is a required entry)

Insured

Name:	*	<input type="text"/>
Address Line 1:	*	<input type="text"/>
Address Line 2:	*	<input type="text"/>
Address Line 3:	*	<input type="text"/>
City:	*	<input type="text"/>
State:	*	<input type="text"/>
Zip:	*	<input type="text"/>
Contact Name:	*	<input type="text"/>
Phone:	*	<input type="text"/>
Fax:	*	<input type="text"/>
E-Mail:	*	<input type="text"/>

Assignee

Click here if not applicable	*	<input type="checkbox"/> Not Applicable
Assignment Type	■	<input type="radio"/> Enhanced <input type="radio"/> Regular
Assignment Date:	■	Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Name:	■	<input type="text"/>
Address Line 1:	■	<input type="text"/>
Address Line 2:	*	<input type="text"/>
Address Line 3:	*	<input type="text"/>
City:	■	<input type="text"/>
State:	■	<input type="text"/>
Zip:	■	<input type="text"/>
Contact Name:	*	<input type="text"/>
Phone:	*	<input type="text"/>
Fax:	*	<input type="text"/>
E-Mail:	*	<input type="text"/>

Buyer

Name:	*	<input type="text"/>
Address Line 1:	*	<input type="text"/>
Address Line 2:	*	<input type="text"/>
Address Line 3:	*	<input type="text"/>
City:	*	<input type="text"/>
Country	*	<input type="text"/>
Contact Name:	*	<input type="text"/>
Phone:	*	<input type="text"/>
Fax:	*	<input type="text"/>
E-Mail:	*	<input type="text"/>

Guarantor

Click here if not applicable	<input type="checkbox"/> Not Applicable
Name:	▀ <input type="text"/>
Address Line 1:	▀ <input type="text"/>
Address Line 2:	* <input type="text"/>
Address Line 3:	* <input type="text"/>
City:	▀ <input type="text"/>
Country	▀ <input type="text"/>
Contact Name:	* <input type="text"/>
Phone:	* <input type="text"/>
Fax:	* <input type="text"/>
E-Mail:	* <input type="text"/>

Broker

Click here if not applicable	* <input type="checkbox"/> Not Applicable
Name:	▀ <input type="text"/>
Address Line 1:	▀ <input type="text"/>
Address Line 2:	* <input type="text"/>
Address Line 3:	* <input type="text"/>
City:	▀ <input type="text"/>
State:	▀ <input type="text"/>
Zip:	▀ <input type="text"/>
Contact Name:	* <input type="text"/>
Phone:	<input type="text"/>

	*	<input type="text"/>
Fax:	*	<input type="text"/>
E-Mail:	*	<input type="text"/>

Issuing Bank

Click here if not applicable	<input type="checkbox"/> Not Applicable
Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
Address Line 3:	<input type="text"/>
City:	<input type="text"/>
Country:	<input type="text"/>
Contact Name:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
E-Mail:	<input type="text"/>