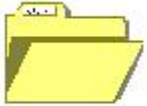


Short-term Multi-buyer Policy Claim Section B - Policy Information

Claim Control No.: CAP0001091 (Draft)



Complete the following:

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

What is your policy number?	Help	* ENB <input type="text"/> . <input type="text"/>
What is the effective date of the policy?	Help	* Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
Do you have an SBCL or DCL?	Help	* <input type="radio"/> SBCL <input type="radio"/> DCL
What is the effective date of the SBCL or DCL?	Help	* Month <input type="text"/> Day <input type="text"/> , Year <input type="text"/>
What is the approved amount of the SBCL or DCL?	Help	* <input type="text"/>
What is the DCL amount established under prior trade experience?	Help	* <input type="text"/>