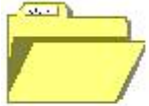**Short-term Multi-buyer Policy Claim**
Section B - Policy Information

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 [ ] - [ ]
What is the effective date of the policy?	**Help**	* Month [ ] Day [ ] , Year [ ]
Do you have an SBCL or DCL?	**Help**	* ○ SBCL ○ DCL
What is the effective date of the SBCL or DCL?	**Help**	* Month [ ] Day [ ] , Year [ ]
What is the approved amount of the SBCL or DCL?	**Help**	* [ ]
What is the DCL amount established under prior trade experience?	**Help**	* [ ]