



STOCK THRU PUT SUPPLEMENT

GENERAL INFORMATION

Name of Assured: _____

Address of Assured: _____

Do you have any written contracts or oral understandings with anyone with whom you do business, which might limit their liability for any loss for which they may be responsible? Yes _____ No _____

If yes, please provide details: _____

STOCK EXPOSURES

Limits of Liability/Deductibles:

1. What deductible are you seeking in respect of stock exposures? \$5,000. _____ \$10,000. _____

2. Limit _____ Each and every loss, any one vessel.

3. Are any of these locations located in recognized Flood, Earthquake or Windstorm Zones?

Yes _____ No _____

If yes, please provide details: _____

4. Do all of these locations have central station fire and theft alarms? Yes _____ No _____

If no, please explain what fire and theft protections are in force and effect: _____

TRANSIT EXPOSURES:

Limits of Liability/Deductibles:

1. What limit of liability do you require any one transit or conveyance in respect of:

Vessels: USD _____

Trucks: USD _____

What deductible are you seeking in respect of transit exposures? _____

Incoming goods from the contiguous US States

1. Do you have any goods or raw materials coming into your premises from any sources within the 48 contiguous states? Goods from domestic outworkers **should not be included** in this section. Yes _____ No _____

If yes, please detail annual values and method of transit _____

<u>Annual Values</u>	<u>Method of Transit</u>	<u>Terms of Purchase</u>
USD _____	_____	_____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement(s) will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date

Signature of Agent

Date