

Chain Express, Corp.
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Summary of Exclusions, Limits of Insurance and Special Conditions

This form needs to be completed by the insurance agent or insurance company.

Insured: _____ Policy No: _____

Covered Property Exclusions: Please check items carrier is EXCLUDED from hauling.

- NO PROPERTY EXCLUSIONS
- | | | |
|--|--|---|
| <input type="checkbox"/> Produce | <input type="checkbox"/> Photographic equipment | <input type="checkbox"/> Dry freight |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Drugs, pharmaceutical products | <input type="checkbox"/> Plastic products |
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Alcohol, liquor | <input type="checkbox"/> Food |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Computers, Computer peripherals | <input type="checkbox"/> House wares |
| <input type="checkbox"/> Shellfish | <input type="checkbox"/> Electronics | <input type="checkbox"/> Paper products |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> TV's, VCR's, DVD Players, Stereos | <input type="checkbox"/> Canned goods |
| <input type="checkbox"/> Frozen meat | <input type="checkbox"/> Shoes | <input type="checkbox"/> Perfumes |
| <input type="checkbox"/> Frozen food products | <input type="checkbox"/> Garments (clothing), | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Frozen juice | <input type="checkbox"/> Fur and fur trimmed garments | Other: _____ |
| <input type="checkbox"/> Geographical exclusion, please indicate territories _____ | | |

Sub-Limits of insurance: Does insured have theft limit on target commodities?

- NO SUBLIMITS.
- Commodity: _____ Amount of Limit _____
- Commodity: _____ Amount of Limit _____
- SUB-LIMIT BASED ON PERIL AGAINST
- Peril: _____ Limit: _____

Does cargo policy include "Reefer breakdown coverage"? Yes _____ No _____ Deductible _____

What is reefer age Limitation? _____

Does policy have Broad form cargo coverage? Yes _____ No _____

Policy deductible: \$ _____ per accident or occurrence

Has Chain Express, corp. been named **additional insured on cargo**? Yes _____ No _____

Co-insurance clause Yes _____ No _____

Vehicle Coverage:

- Any vehicle All owned vehicles Hired Vehicles
- Scheduled vehicles (please attach schedule)

Special Conditions:

- | | | |
|---|---|---|
| <input type="checkbox"/> Unattended vehicle exclusion | <input type="checkbox"/> Vehicle alarm required | <input type="checkbox"/> Co-Insurance |
| <input type="checkbox"/> Stationary Vehicle Warranty | <input type="checkbox"/> Locked vehicle Warranty | <input type="checkbox"/> Attended vehicle |
| <input type="checkbox"/> Property loaded on vehicle overnight | <input type="checkbox"/> Unattached trailer exclusion | <input type="checkbox"/> Attended trailer |
| Other: _____ | | |

Note: Please provide us with a copy of the carrier's exclusion page(s), limitation page(s) any endorsements, or restrictions and also include scheduled vehicles.

Changes in policy: In order to protect the best interest of all parties involved please notify Chain Express Corp. in writing within 24 hours of any changes to the insured's cargo policy

Please fax a copy of the entire cargo policy if the carrier is insured by **Lloyds of London**.

Signed: _____ Dated: _____

Please complete above along with providing a certificate of insurance that shows coverage, reefer breakdown, restrictions or endorsements, any limitations, and all deductibles. Return same via fax along with mailing a hard copy to Chain Express Corp., 5220 S. University Dr., Suite 107, Davie, FL. 33328 Phone: 305-477-4955 Fax: 305-477-6664.