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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.