

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

Cargo Supplemental

New

Renewal

Applicant's Business Name: _____
Policy Period Requested: _____ to _____

Deductible Requested: \$ 500.00 Per Claim
 \$1,000.00 Per Claim
 \$2,500.00 Per Claim
 \$5,000.00 Per Claim

Equipment to be Covered
Total Value of Equipment to be Covered \$ _____

Provide Itemized List of Equipment on *Page 2*.

LOSS PAYABLES:

| Name & Address | Interest |
|----------------|----------|
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I hereby certify that the information provided herein is true and correct. I understand that this application and supplement 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 Signed

Signature of Agent Date Signed

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

Cargo Schedule

| | Description | Manufacturer | Serial Number | Cash Value |
|-----|--------------------|---------------------|----------------------|-------------------|
| 1. | | | | |
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