LoginScenario_TestForMarineValidLogin_Instance1_05-Jul-2017_09-49-53_AM_Object.png



COL Help Desk 2004-06-6601

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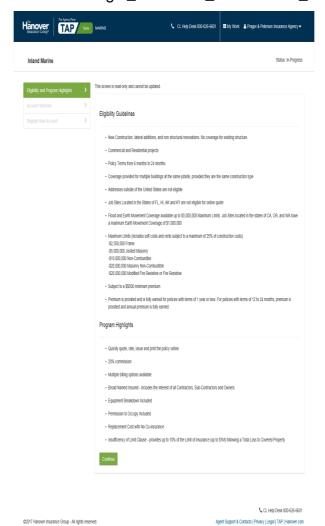
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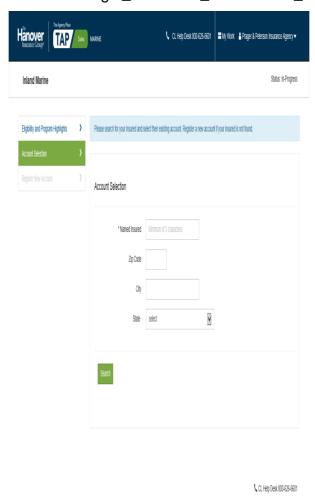
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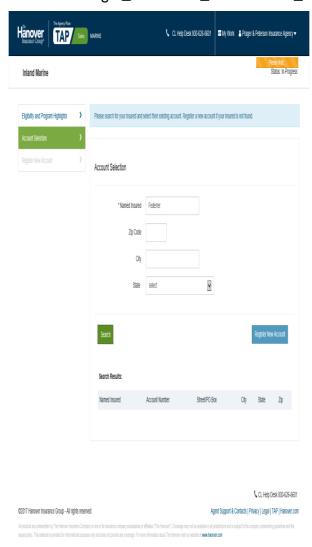


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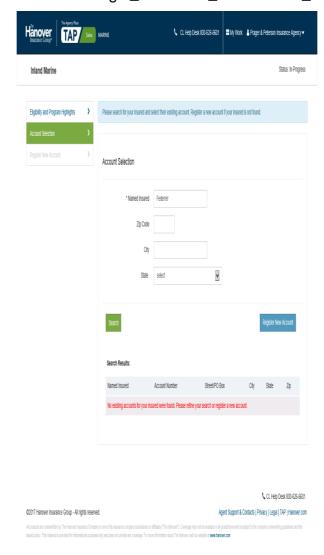
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			Status: In-P
* Denotes Required Fields			
>			
Name and Mailing Address			
"Named Insured	Federrer		
Named Insured (continued)			
DBA			
Street Address	Boston APT a123		
Apt Suite #			
"Zip Code	2108		
Zip Extension			
* City	BOSTON		
State			
Additional Account Details			
* Business Type	CORPORATION		
* Year Business Established	1999		
Website Address/URL			
Insured Contact Information			
Would you like to provide contact	□ 6		
information for your insured now?	○ Yes e No [®]		
Continue More Actions			
			CL Help Desk 800-62
	Register New Account Register New Account Name and Mailing Address "Named Insured Continued) DEA Street Address Street Address (continued) Apl Suite F "2g Code Zip Extension "Coly State Additional Account Details "Business Established Website Address LPL Insured Contact Information Work in the Promoter contact Insured Contact Information	Name and Mailing Address *Name and Mailing Address *Named Insured Research Named Insured Research *Named Insured Research *Research *Steet Address Research *Steet Address Research *25g Code *25g Code	Register New Account Name and Mailing Address "Named Insured Federate Named Insured Continued) DEA Steet Address (continued) Apt Sule # "20 Code Z10 Edentison "City BOSTON State Additional Account Defails "Basiness Established I'ver Business Established Verbale Address (CORPORATION) "Year Business Established Insured Contact Information Would you like to provide contact withmadon for your insured row? O Yes 10 No. Insured Contact Information Would you like to provide contact withmadon for your insured row? O Yes 10 No. Insured Contact Information Would you like to provide contact withmadon for your insured row? O Yes 10 No. Insured Contact Information Would you like to provide contact withmadon for your insured row? O Yes 10 No. Insured Contact Information

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Inland Marine						Status: In-Pro
Eligibility and Program Highlights		Required Fields				
Account Selection		r New Account				
Register New Account	>					
	Name a	nd Mailing Address				
		" Named Insured	Federrer			
	Nar	med Insured (continued)				
		DBA				
		Street Address	Boston APT a	23		
	Str	eet Address (continued)				
		Apt/Suite #				
		* Zip Code	2108	An invalid Zip Code was e	ntered	
		Zip Extension				
		* City	BOSTON			
			DOUTON			
		State				
	Addition	al Account Details				
		* Business Type	CORPORATIO	w	v	
	*Ye	ar Business Established	1999			
		Website Address/URL				
	Insured	Contact Information				
	Would yo	u like to provide contact on for your insured now?	∩ Ves · ® No	9		
	mollida	ni na julii libulbu ilUW?	J @ IN			
	Continu	More Actions				