SOLICITUD DE SEGURO DE GARANTÍA

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| **CONTRATANTE / AFIANZADO (RESPONSABLE DE PAGO)** | | |
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| **Nombre o Razón Social** | |  |
| **RUT** | |  |
| **Dirección Comercial** | |  |
| **Teléfono** | |  |

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| **ASEGURADO / BENEFICIARIO** | | |
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| **Nombre o Razón Social** | |  |
| **RUT** | |  |
| **Dirección Comercial** | |  |
| **Teléfono** | |  |

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| **Póliza Nueva** |  | **Renovación** |  |

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| **INTERMEDIARIO** | | | | |
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| **Nombre** |  | | **RUT** |  |
| **Código intermediario** |  | |  |  |

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| **INFORMACIÓN BÁSICA DE LA PÓLIZA** | |
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| **Desde** |  |
| **Hasta** |  |
| **Monto Asegurado (UF/USD)** |  |
| **Cobertura (Tipo de Riesgo)** |  |

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| **OBJETO DE GARANTIA (GLOSA)** |
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| Nombre | : |  |  | Nombre | : |  |
| RUT | : |  |  | RUT | : |  |