ALASKA CHADUX CORPORATION
Associate Member Annual Nomination/Capacity Report

Member Company Name: _____

Date Submitted: _____

Class C **Vessels**	Class D **Facilities**	Class E **Other**	Total Capacity (in Barrels)

Comments:

Instructions:

1. List each Vessel, Facility, or Other requiring coverage and indicate the barrel capacity of each.

2. When completed, fill in below and email to admin@chadux.com or FAX (907) 348-2330

Name: _____

Contact E-mail/Phone: _____