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| **INFORMACIÓN AL:** |  |  |  |

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| **ÓRGANO:** |  | **ÁREA ADMINISTRATIVA:** |  |

| NÚMERO DE POLIZA | ASEGURADORA | **RAMO DEL**  **SEGURO** | **COBERTURA DEL**  **SEGURO** | **IMPORTE DE LA PÓLIZA** | **SUMA**  **ASEGURADA** | **VIGENCIA** | |
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| **DEL** | **AL** |
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