

INTERNATIONAL RISK PLACEMENT, INC.

SUITE 210, 1821 WALDEN OFFICE SQUARE, SCHAUMBURG, IL 60173-4268

TELEPHONE 847-397-9256

FAX 847-397-0959

FREIGHT FORWARDERS CONTINGENT AUTOMOBILE LIABILITY APPLICATION

1. Name of Applicant:

2. Address:

3. ICC Docket Number:

4. Number of Years in Business:

5. Number of Units Owned, Leased or Operated by Applicant:

NOTE: This CONTINGENT LIABILITY INSURANCE does NOT apply to any Units owned, leased or operated by the Applicant. See policy wording.

6. Types of Commodities Handled:

%

%

%

%

100%

7. How Many Loads Applicant Forwarded in 2017:

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8. Estimate Gross Receipts Forthcoming Year:

9. Past Three Years Gross Receipts:

2017/2018 _____

2016/2017 _____

2015/2016 _____

10. In The Past Three Years Have You Been Named In A Suit:

Explanation:

11. In The Past Three Years Have Any Claims Been Paid on Your Behalf

Explain:

12. If New In Business, State Experience:

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13. Limits please indicate which limit to be quoted:

Contingent Automobile Liability

- _____ a. \$1,000,000 any one occurrence
 \$1,000,000 annual aggregate
- _____ b. \$1,000,000 any one occurrence
 \$2,000,000 annual aggregate
- _____ c. \$2,000,000 any one occurrence
 \$2,000,000 annual aggregate
- _____ d. \$3,000,000 any one occurrence
 \$3,000,000 annual aggregate
- _____ e. \$4,000,000 any one occurrence
 \$4,000,000 annual aggregate
- _____ f. \$5,000,000 any one occurrence
 \$5,000,000 annual aggregate

This applicant acknowledges and understands that any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commit's a fraudulent insurance act, which is a crime and subjects the person to possible criminal and/or civil penalties. It may also result in the policy being voided by the insurer.

Date:

Signature of Applicant:

(must be owner, partner or authorized officer)