

INTERNATIONAL RISK PLACEMENT, INC.

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

TELEPHONE 847-397-9256

FAX 847-397-0959

MONOLINE CONTINGENT CARGO LIABILITY APPLICATION

1. Name of Applicant:

2. Address:

3. ICC Docket Number:

4. Number of Years in Business:

5. Broker bond Number or Bank Letter of Credit:

6. Types of Commodities Handled:

%

%

%

%

100%

7. How Many Loads Brokered 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. Do you use other truck brokers to arrange movement of goods? _____

If yes, how much: _____%

11. Do other truck brokers use you to arrange movement of goods? _____

If yes, how much: _____%

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

Explanation:

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

Explain:

INTERNATIONAL RISK PLACEMENT, INC.

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14. If New In Business, State Experience:

15. Limits please indicate which limit to be quoted:

Contingent Cargo Liability

- _____ a. \$100,000 per occurrence with a \$1,000 deductible
- _____ b. \$250,000 per occurrence with a \$1,000 deductible
- _____ c. \$100,000 per occurrence with a \$1,000 deductible and Refrigeration
Breakdown with deductible of \$2,500 per occurrence
- _____ d. \$250,000 per occurrence with a \$1,000 deductible and Refrigeration
Breakdown with deductible of \$2,500 per occurrence

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 commits a fraudulent insurance act, which is a crime.

Effective Date:

Signature:

THIS APPLICATION MUST BE RETURNED WITH SIGNED BROKERS CHECKLIST AND COPY OF BROKER AUTHORITY. THANK YOU.