

INTERNATIONAL RISK PLACEMENT INC.

SUITE 210, 1821 WALDEN OFFICE SQUARE, SCHAUMBURG, ILLINOIS 60173-4268
TELEPHONE 847-397-9256 FAX 847-397-0959

Automobile Physical Damage Insurance

Commercial Vehicles

Proposal Form

1. Name of Applicant _____
2. Dba _____
3. Address: (Number, Street, City, State & Zip Code)

4. DOT# _____ MC# _____
5. Address of Principal Terminal if other than above _____

6. Radius of Operation _____
7. Miles between following principal cities _____
8. Type of Cargo Carried (List all) _____

9. Number of Years in this business _____
10. If New Venture, details of previous experience _____

11. Vehicles Legally Owned By _____
Loss Payable To _____
12. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? _____
If so, state date, name of Insurance Company and reasons for cancellation _____

INTERNATIONAL RISK PLACEMENT INC.

SUITE 210, 1821 WALDEN OFFICE SQUARE, SCHAUMBURG, ILLINOIS 60173-4268
 TELEPHONE 847-397-9256 FAX 847-397-0959

13. Is Vehicle(s) Owner Driven? _____

If drivers are employed, what investigations are made? _____

14. If more than one vehicle covered, what is the estimated maximum possible terminal loss? _____

15. Amount of Deductible on Collision? _____

16. Will you ever use Hired Equipment? _____

17. Will any of your Equipment ever be loaned or rented to others? _____

18. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? _____

If answer is, "Yes", please specify vehicles and state reasons why insurance is not required _____

19. Is Equipment regularly inspected and serviced, if so, at what periods? _____

20. Board Fire rate for terminal premises _____

21. Premiums and Losses sustained by applicant last five years:

Losses

Year	Premiums	Fire	Theft	Collision	Any other Physical loss	Deductible Applied
20	\$					
20	\$					
20	\$					
20	\$					
20	\$					

INTERNATIONAL RISK PLACEMENT INC.

SUITE 210, 1821 WALDEN OFFICE SQUARE, SCHAUMBURG, ILLINOIS 60173-4268
TELEPHONE 847-397-9256 FAX 847-397-0959

22. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi)

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) Or Diesel (D)	Original Cost New Plus Equipment, Alterations and Additions	Amount of Insurance Desired
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

23. Previous Fleet Value over the last 3 years _____

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT _____

THIS _____ DAY OF _____ 20_____

BY _____
 (APPLICANT)
 (Applicant should state official position)

APPLICANT WITNESS _____

 (AGENT)

LOCATION OF AGENCY _____