

**INTERNATIONAL RISK PLACEMENT, INC.**

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

TELEPHONE 847-397-9256

FAX 847-397-0959

CONTINGENT AUTOMOBILE LIABILITY, CONTINGENT CARGO LIABILITY,  
GENERAL LIABILITY, BUSINESS CONTENTS, TRUCK BROKERS  
ERRORS & OMISSIONS AND SEEPAGE AND POLLUTION BUYBACK APPLICATION

PAGE ONE

1. Name of Applicant:

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2. Address:

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3. ICC Docket Number:

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4. Number of Years in Business:

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5. Broker bond Number or Bank Letter of Credit:

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6. Types of Commodities Handled:

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%

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%

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%

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%

100%

7. How Many Loads Brokered In 2019:

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8. Estimate Gross Receipts Forthcoming Year:

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9. Past Three Years Gross Receipts:

2019/2020 \_\_\_\_\_

2018/2019 \_\_\_\_\_

2017/2018 \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

14. Are You Aware Of Any Claims Or Potential Claims That Could Be Asserted Against You?

\_\_\_\_\_  
\_\_\_\_\_

15. If New In Business, State Experience:

\_\_\_\_\_  
\_\_\_\_\_

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GENERAL LIABILITY SUPPLEMENTAL APPLICATION

1. Description of Location of Operation – Office / Home / Other (please define):

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2. Breakdown of the Area by Square Footage:

Interior \_\_\_\_\_

Parking Area \_\_\_\_\_

Other (please define) \_\_\_\_\_

3. Is the exterior enclosed, i.e. fenced or walled? (Y/N) \_\_\_\_\_

4. Is the exterior paved or tarmacked and in generally good condition? (Y/N) \_\_\_\_\_

5. Do you own the entire area? (Y/N) \_\_\_\_\_

6. Do you share this area with any other entity? (Y/N) \_\_\_\_\_

7. Do you broker loads for pick up or delivery to this location? (Y/N) \_\_\_\_\_

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BUSINESS CONTENTS SUPPLEMENTAL APPLICATION

1. Details of the location address, if different to the mailing address. Please include the county. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What is the construction code of the building? \_\_\_\_\_
3. What is the age of the building? \_\_\_\_\_
4. What is the Protection Class? (this can be obtained from the local fire department)  
\_\_\_\_\_
5. How many stories is the building? \_\_\_\_\_
6. Square footage of your operation? \_\_\_\_\_
7. Do you own the property where you conduct business? \_\_\_\_\_
8. Do you share the location with another entity? \_\_\_\_\_  
(If yes, explain and advise other entities GL insurer.) \_\_\_\_\_
9. Do you broker loads to or from job sites? \_\_\_\_\_
10. Do you broker out of your home? \_\_\_\_\_

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PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

1. Please describe in detail the nature and types of professional services the applicant is engaged in. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Please indicate the percentage of revenue derived from each activity listed above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please indicate type of company: Sole Trader / Partnership / Corporation / Privately Held / Non-Profit / Publicly Traded / Other (please define): \_\_\_\_\_
4. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? (Y/N) \_\_\_\_\_
  - a. If Yes, please explain: \_\_\_\_\_
5. What is the total number of staff? \_\_\_\_\_
6. Please list any Professional Associations to which the Applicant belongs: \_\_\_\_\_  
\_\_\_\_\_
7. Does the Applicant use a written contract: Always / Sometimes / Never
8. Is any errors or omissions or professional liability insurance currently in place? (Y/N) \_\_\_\_
  - a. If no, the coverage if issued will not cover any of the applicants prior acts.
  - b. If yes, please provide details of such coverage carried in the past 3 years: \_\_\_\_\_  
\_\_\_\_\_

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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

Contingent Cargo Liability

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

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General 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

Business Contents

- \_\_\_\_\_a. \$20,000 any one loss
- \_\_\_\_\_b. \$50,000 any one loss

Truck Brokers Errors & Omissions

- \_\_\_\_\_a. \$100,000 any one loss
- \_\_\_\_\_b. \$250,000 any one loss
- \_\_\_\_\_c. \$500,000 any one loss
- \_\_\_\_\_d. \$1,000,000 any one loss

Seepage and Pollution Buyback for Contingent Automobile Liability

- \_\_\_\_\_a. \$100,000 any one occurrence  
\$200,000 annual aggregate

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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:

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Signature:

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