

**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 APPLICATION  
IN RESPECTS FOR TRUCK LEASING COMPANIES

1. Name of Applicant:

\_\_\_\_\_

2. Address:

\_\_\_\_\_

\_\_\_\_\_

3. Any Other Locations (Please Specify):

\_\_\_\_\_

4. Number of Years in Business:

\_\_\_\_\_

5. Types of Vehicles Leased (Please Specify):

Trailers: \_\_\_\_\_%

Straight Trucks:

\_\_\_\_\_%

Trailers (Boxed): \_\_\_\_\_%

Trailers (Flat): \_\_\_\_\_%

Trailers (Tanker) \_\_\_\_\_%

Other Types of Leased Vehicles (Please Specify):

\_\_\_\_\_%

\_\_\_\_\_%

\_\_\_\_\_%

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6. Types of Vehicles Leased:

Tractors: \_\_\_\_\_

Straight Trucks: \_\_\_\_\_

Trailers (Boxed): \_\_\_\_\_

Trailers (Flat): \_\_\_\_\_

Trailers (Tanker): \_\_\_\_\_

Other Types of Leased Vehicles (Please Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Duration of Lease:

Zero to 6 Months: \_\_\_\_\_ %

6 Months to 1 Year: \_\_\_\_\_ %

1 Year to 3 Years: \_\_\_\_\_ %

3 Years to 5 Years: \_\_\_\_\_ %

Over 5 Years: \_\_\_\_\_ %

8. (A) Total Gross Receipts Forthcoming Year:

\_\_\_\_\_

(B) Total Gross Receipts For Leasing Operations:

\_\_\_\_\_

9. Past Three Years Gross Receipts:

	Total	Leasing Operations
2021/2022	_____	_____
2020/2021	_____	_____
2019/2020	_____	_____

CONTINGENT AUTOMOBILE LIABILITY APPLICATION  
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10. Are Any Vehicles You Lease, Involved In The Transportation of Gasoline, Explosives, or Nuclear Items? If Yes, Please Explain:

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11. Please Confirm All Vehicles Leased Are Leased With A Written Lease Agreement:

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12. Please Confirm All Vehicles Are Maintained and Serviced In Accordance With The Manufacturers Recommendations:

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13. Please Confirm Your Written Lease Agreement Contains A Hold Harmless Agreement In Your Favor:

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

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Explain:

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

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Explain:

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CONTINGENT AUTOMOBILE LIABILITY APPLICATION  
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16. If New In Business, State Experience:

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17. 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

**Please attach a schedule of vehicles leased.**

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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