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 <u>NOT</u> 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 2023:

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- 8. Estimate Gross Receipts Forthcoming Year:
- 10. In The Past Three Years Have You Been Named In A Suit:

Explanation:

 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)