

INTERNATIONAL RISK PLACEMENT, INC.

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

TELEPHONE 847-397-9256

FREIGHT BROKER APPLICATION

General Information

1. Name of Applicant (including DBA if any):

Freight Broker	Property Broker	Motor Carrier	Freight Forwarder
Leasing Vehicles With or Without Drivers	Other: _____		

2. Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

3. Is the Applicant Involved in Any Operations Other Than Truck Broking: Yes No

If Yes, Are They Involved in:

Operating a Truck Line: Yes No If Yes, How Much Revenue: \$ _____

Leasing Vehicles With or Without Drivers: Yes No If Yes, How Much Revenue: \$ _____

Other: Yes No If Yes, Please Describe Below:

4. DOT, MC/MX, FF, or ICC Docket Number:

5. Number of Years in Business:

6. If New in Business, State Experience:

7. Broker Bond Number / Bank Letter of Credit:

8. List the Total Gross Receipts for:

Past Fiscal Year \$ _____

Current Fiscal Year \$ _____

Forecast Next Year \$ _____

INTERNATIONAL RISK PLACEMENT, INC.

Commodities

1. Types of Commodities Handled (Be Specific):
- _____ %
- _____ %
- _____ %
- _____ %
- **Note that "General Freight" or "Freight of All Kinds" is NOT Acceptable**** Total 100%

2. How Many Loads Brokered in the Last 12 Months: _____

a) Maximum Value Any One Shipment Brokered: \$ _____

b) Average Value Any One Shipment Brokered: \$ _____

3. Do You Broker Any Loads of Hazardous Materials: Yes No

4. Do You Broker Any Oversize or Overweight Loads: Yes No

5. Do You Broker Refrigerated Freight: Yes No

6. Do Your Operations Involve the Transportation of Passengers: Yes No

7. Do You Broker Loads Outside the United States and Canada: Yes No

8. Do Your Services Include Final Mile/White Glove/Home Delivery: Yes No

9. Do Your Services Include Moving/Relocation of Personal Property: Yes No

10. Do You Own or Operate a Warehouse: Yes No

11. Do You Offer Any Installation/Removal Services: Yes No

12. If Brokering Autos, Do You Offer Residential Delivery Services: Yes No

13. If Brokering Autos, Would Any Be Classified as Luxury/Exotic: Yes No

INTERNATIONAL RISK PLACEMENT, INC.

Business Operations

1. Do You Use Other Truck Brokers to Arrange Movement of Goods: Yes No
If Yes, How Much: _____%

2. Do Other Truck Brokers Use You to Arrange Movement of Goods: Yes No
If Yes, How Much: _____%

3. Does the Applicant During the Course of Business Ever:
 - a. Receive Instructions to Obtain Goods or Materials on Behalf of Others: Yes No
 - b. Identify Themselves as the Carrier on the Bill of Lading: Yes No
 - c. Assign the Carrier Driver Routes or Otherwise Load Routes: Yes No
 - d. Sign Shipper Contracts Wherein They Assume Carrier-Like Liability: Yes No
 - e. Become Involved in the Mode of Payment for Consignments: Yes No
 - f. Fine or Otherwise Control the Behavior of a Motor Carrier: Yes No
 - g. Assign Loads Only to Carriers Rated Satisfactory/Unrated with FMCSA: Yes No

4. Do All of the Motor Carriers to Whom You Assign Loads Haul for Other Freight Brokers, Consignees, or Shippers: Yes No

5. Do You Have Any Shared Ownership, Common Ownership, or Financial Interest in Any Specific Motor Carrier(s): Yes No

6. Do you Broker Loads to Any Motor Carrier(s) Affiliated with Your Brokerage: Yes No
If Yes, What Percent of Revenue is Brokered to Affiliated Motor Carriers: _____%

7. Do You Annually Review, Verify, and Maintain a Record of Each of the Following Before You Assign a Load to a Motor Carrier:
 - a. Signed Broker Carrier Agreement Yes No
 - b. Motor Carrier's Operating Authority Yes No
 - c. Certificate of Insurance for All LOB Yes No

8. Do You Use Terms and Conditions of Service to Limit Your Liability: Yes No

9. Do You Reject Carriers with Insurance Company Rating of AM Best of Less Than A-?
Yes No

10. Do You Reject Carriers with Automobile Liability Insurance with Limits of Less Than \$1,000,000?
Yes No

INTERNATIONAL RISK PLACEMENT, INC.

Claims History

****If There Has Been Prior Coverage, Please Attach 3 Years of Loss Runs for All Requested Coverages****

1. In the Past Three Years, Have Any Claims, Suits, or Demands for Arbitration Been Brought Against the Applicant, Its Predecessor(s) in Business, or Any of Its Present or Former Owners, Partners, Officers, Directors, Employees, or Independent Contractors:

Yes No

****If yes, please provide details on a separate supplemental claim application****

2. After Inquiry, is the Applicant Aware of Any Circumstance, Allegation, Contention, Incident, Unresolved Job Dispute, Act, Error, or Omission Which May Lead to a Claim Being Made Against the Applicant, Its Predecessor(s) in Business, or Any of Its Present or Former Owners, Partners, Officers, Directors, Employees, or Independent Contractors:

Yes No

****If yes, please provide details on a separate supplemental claim application****

3. Has any Insurer Non-Renewed, Cancelled, or Denied Similar Coverage for the Applicant in the Previous Five Years:

Yes No

4. Does the Applicant Always Obtain Certificates of Insurance from All Carriers:

Yes No

INTERNATIONAL RISK PLACEMENT, INC.

GENERAL LIABILITY SUPPLEMENTAL APPLICATION

1. Description of Location of Operation:

Office Home Terminal Warehouse Other: _____

2. Breakdown of the Area by Square Footage:

Interior _____

Parking Area _____

Other (Please Define) _____

3. Is the Exterior Enclosed, i.e. Fenced or Walled:

Yes No

4. Is the Exterior Paved or Tarmacked and in Generally Good Condition:

Yes No

5. Do You Own the Entire Area:

Yes No

6. Do You Share This Area with Any Other Entity:

Yes No

7. Do You Broker Loads for Pick-Up or Delivery to This Location:

Yes No

8. Do You Load or Unload Trucks at This Location:

Yes No

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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: Yes No

8. Do You Share the Location with Another Entity: Yes No

(If Yes, Explain and Advise Other Entities' GL Insurer)

9. Do You Broker Loads to or From Job Sites: Yes No

10. Do You Broker Out of Your Home: Yes No

INTERNATIONAL RISK PLACEMENT, INC.

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
4. Is the Applicant Controlled or Owned by, Associated or Affiliated with, or Do They Own Any Other Firm or Business Enterprise: Yes No

If Yes, Please Explain: _____
5. What is the Total Number of Staff: _____
6. Please List Professional Associations to Which the Applicant Belongs: _____
7. Does the Applicant Use a Written Contract: Yes No
8. Is Any Errors or Omissions / Professional Liability Insurance Currently in Place: Yes No
 - a. If Yes, Please Provide Details of Such Coverage Currently in Force:

Name of Carrier: _____ Limit: \$ _____ Deductible: \$ _____

Premium: \$ _____ Retroactive Date: _____ Policy Period: _____
 - b. If No, the Coverage, if Issued, Will Not Cover Any of the Applicant's Prior Acts
9. Has Any Policy or Application for Professional Liability Insurance, on the Applicant's Behalf or on the Behalf of Any of the Applicant's Principles, Officers, Employees, Independent Contractors, or on Behalf of Any Predecessor(s) in the Applicant's Business Ever Been Declined, Cancelled, or Renewal Refused?

Yes No

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Lines of Coverage and Limits (Please Indicate Which Limits are to be Quoted):

Contingent Automobile Liability

\$1,000,000 any one occurrence	\$1,000,000 any one occurrence
\$1,000,000 annual aggregate	\$2,000,000 annual aggregate
\$2,000,000 any one occurrence	\$3,000,000 any one occurrence
\$2,000,000 annual aggregate	\$3,000,000 annual aggregate

Seepage and Pollution Buyback for Contingent Automobile Liability

\$100,000 any one occurrence (\$5,000 deductible)
\$200,000 annual aggregate

Excess Contingent Auto Liability (In Excess of \$3,000,000/\$3,000,000)

\$1,000,000 any one occurrence	\$2,000,000 any one occurrence
\$1,000,000 annual aggregate	\$2,000,000 annual aggregate

****Note that we cannot write Excess over another carrier's policy form.****

Contingent Cargo Liability

\$100,000 per occurrence	\$150,000 per occurrence
\$250,000 per occurrence	\$500,000 per occurrence

Refrigeration Breakdown (with a \$2,500 deductible per occurrence)

Excess Contingent Cargo Liability

\$250,000 per occurrence	\$500,000 per occurrence
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****Note that we cannot write Excess over another carrier's policy form.****

General Liability

\$1,000,000 any one occurrence	\$1,000,000 any one occurrence
\$1,000,000 annual aggregate	\$2,000,000 annual aggregate

Excess General Liability

\$1,000,000 any one occurrence	\$2,000,000 any one occurrence
\$1,000,000 annual aggregate	\$2,000,000 annual aggregate
\$3,000,000 any one occurrence	\$4,000,000 any one occurrence
\$3,000,000 annual aggregate	\$4,000,000 annual aggregate

****Note that we cannot write Excess over another carrier's policy form.****

INTERNATIONAL RISK PLACEMENT, INC.

Business Contents

\$20,000 any one loss

\$50,000 any one loss

Professional Liability (E&O)

\$100,000 any one loss

\$250,000 any one loss

\$500,000 any one loss

\$1,000,000 any one loss

****Note that Business Contents and Professional Liability are not available Monoline and must be packaged with General Liability.****

Additional Insured(s) Endorsements

Additional Insured

Additional Insured with Waiver of Subrogation

Blanket Additional Insured

Blanket Additional Insured with Waiver of Subrogation

****If Additional Insured(s) is desired, please provide a list including name(s) and address(es) prior to binding.****

Desired Policy Effective Date: _____

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.