

SLB INSURANCE

G R O U P

CONTINGENT AUTOMOBILE LIABILITY, CONTINGENT CARGO LIABILITY, GENERAL LIABILITY AND BUSINESS CONTENTS APPLICATION

1. Name of Applicant:

2. Address:

3. ICC Docket Number:

4. Number of Years in Business:

5. Broker bond Number or Bank Letter of Credit:

6. Types of Commodities Handled:

%

%

%

%

100%

7. How Many Loads Brokered In 2009:

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8. Estimate Gross Receipts Forthcoming Year:

9. Past Three Years Gross Receipts:

2009/2010 _____

2008/2009 _____

2007/2008 _____

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

Explanation:

11. 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

Contingent Cargo Liability

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

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.

CONTINGENT AUTOMOBILE LIABILITY AND CONTINGENT CARGO LIABILITY
CHECK FORM

1. Name, address and phone number of the owner of the truck.

2. Name, address and phone number of the driver of the truck.

3. Name, address, phone number and docket number of the ICC Trucking Company to whom the truck is leased.

4. Name and position of employee of ICC Trucking Company who authorized the trucker to take the load.

5. Name and policy number of the insurance company providing automobile liability insurance and cargo liability insurance and limits of each policy.

6. Name of the insured to whom the automobile liability policy and cargo liability policy is issued.

7. Effective and expiration dates of the automobile liability and cargo liability policy.

8. Name, address and telephone number of insurance agent providing automobile liability insurance and cargo liability insurance.

9. Date, time and person at insurance agency that verified automobile liability insurance and cargo liability insurance.

10. Request that a certificate of automobile liability and cargo liability insurance with a 10 day notice of cancellation be mailed to the truck broker.

Signature

Date