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

Name of Applicant:			
PACIFIC COASTAL BROKERAGE LLC			
Address:			
11660 SE 230TH PL , Kent , WA 98031			
ICC Docket Number:			
DOT#2633920& MC#913646			
Number of Years in Business:			
1-5 years			
Broker bond Number or Bank Letter of Credit:			
Types of Commodities Handled: Canned goods	25	0/	
Plastic Products	25	/\ %	
Paper Products	25		
Water and Beverages	25		
How Many Loads Brokered in the Last 12 Months:		100%	
Estimate Gross Receipts Forthcoming Year:			
\$2,000,000.00			

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Past Three Years Gross Receipts:	
Last 12 Months / Year 1 0	
Prior 12 Months / Year 2 <u>0</u>	
Prior 12 Months / Year 3 <u>0</u>	
Do you use other truck brokers to arrange movement of goods?	
If yes, how much:	<u>%</u>
Do other truck brokers use you to arrange movement of goods? No	
If yes, how much:	<u>%</u>
In The Past Three Years Have You Been Named In A Suit:	
No	
Explanation:	_
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf	
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf Explain:	_
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf	_
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf Explain:	
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf Explain: No	
Explanation: In The Past Three Years Have Any Claims Been Paid on Your Behalf Explain: No Are You Aware Of Any Claims Or Potential Claims That Could Be Asserted Against Y	

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;	a) Operating a truck line	<u>X</u> %
1	b) Leasing Vehicles without Drivers	%
•	c) Leasing Vehicles with Drivers	%
Reven	ue made from Question 16:	
;	a) \$	
	p) \$	
1		nme of Carriers and Limits Prov
Details	b) \$ b) \$	
Details	of Insurance Programs for Question 16. Na a)	

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GENERAL LIABILITY SUPPLEMENTAL APPLICATION

1.	Description of Location of Operation – Office / Home / Other (please define):		
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)		
8.	Do you Load or Unload Trucks At 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?		
	Do you broker out of your home?		

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

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?	_
	Please list any Professional Associations to which the Applicant belongs:	-
7.	Does the Applicant use a written contract: Always O / Sometimes O / Never O	
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 Automo	bile Liability
<u>X</u> _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.	\$100,000 per occurrence with a \$1,000 deductible and Refrigeration
	Breakdown with deductible of \$2,500 per occurrence
Xc.	\$250,000 per occurrence with a \$1,000 deductible
d.	\$250,000 per occurrence with a \$1,000 deductible and Refrigeration
	Breakdown with deductible of \$2,500 per occurrence
e.	\$500,000 per occurrence with a \$1,000 deductible
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
<u>X</u> b.	\$1,000,000 any one occurrence
	\$2,000,000 annual aggregate
Excess General Liab	ility
a.	\$1,000,000 any one occurrence, \$1,000,000 annual aggregate
	EXCESS OF
	\$1,000,000 any one occurrence, \$1,000,000 annual aggregate
b.	\$2,000,000 any one occurrence, \$2,000,000 annual aggregate
	EXCESS OF
	\$1,000,000 any one occurrence, \$1,000,000 annual aggregate
c.	\$3,000,000 any one occurrence, \$3,000,000 annual aggregate
	EXCESS OF
	\$1,000,000 any one occurrence, \$1,000,000 annual aggregate
d.	\$4,000,000 any one occurrence, \$4,000,000 annual aggregate
	EXCESS OF
	\$1,000,000 any one occurrence, \$1,000,000 annual aggregate
Business Contents	
a.	\$20,000 any one loss
b.	\$50,000 any one loss
Truck Brokers Errors	s & 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

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

Seepage and Pollution Buyback for Contingent Automobile Liability

a.	\$100,000 any one occurrence
	\$200,000 annual aggregate
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:	
03/29/2025	
Signature:	
-	

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