



1585 Ellinwood Ave Ste 210
Des Plaines, IL 60016
Ph.: (847) 391 - 5100
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Order For Insurance Quote

(No Charge - No Obligation)

***WARNING * After completing this form please
print out and send by fax to number listed above.**

Corporation or Individual Name

Address

City State Zip Code MC #

FEIN or SS # Phone # Fax # US DOT

Business

☐ General Liability Insurance Limit ☐ Garage / Warehouse / Office / Terminal Limit

☐ Bond Specify Limit Specify Occupation

☐ Workers Compensation Value * Limit No. of Workers

* Annual Salary for all workers

Transportation (Trucking)

Liability (choose one) Limit ** **Limit for Bobtail is \$1,000,000 or \$500,000

☐ Cargo Liability Limit (Deductible) Specify:

☐ Physical Damage (Deductible)

List of Equipment

List Year Make Vin # Purchase cost Stated amount

Gross Weight

Lien holder / Lessor Name

Loss Payee / Lessor address

List Year Make Vin # Purchase cost Stated amount

Gross Weight

Lien holder / Lessor Name

Loss Payee / Lessor address

List of Driver

DOB Year of Experience

First Name M.I. Last Name

DL # State Choose One

DOB Year of Experience

First Name M.I. Last Name

DL # State Choose One

Date

Signed By

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