



1585 Ellinwood Ave Ste 210
Des Plaines, IL 60016
Ph.: (847) 391 - 5100
Fax: (847) 298 - 8961

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

Endorsement

Effective Date

Request from Insured (Name):

***WARNING * Unless changes in the address and phone or fax number leave the blank below .**

Address City
State Zip Code Phone # Fax #

Policy Number

Liability ☐ Yes ☐ No (Choose one)

Cargo ☐ Yes ☐ No (Choose one)

Physical Damage ☐ Yes ☐ No (Choose one)

Please ADD. to my Account (Equipment # 1)

Choose Year Make Vin # Purchase Cost Stated Amount
 Gross Weight
Write if you need the Physical Damage Insurance or you have Lien Holder
Lien Holder / Loss Payee Name Loss Payee or Lien Holder Address
Write if you need the Physical Damage Insurance or you have Lien Holder

Please ADD. to my Account (Equipment # 2)

Choose Year Make Vin # Purchase Cost Stated Amount
 Gross Weight
Write if you need the Physical Damage Insurance or you have Lien Holder
Lien Holder / Loss Payee Name Loss Payee or Lien Holder Address
Write if you need the Physical Damage Insurance or you have Lien Holder

Please DELETE from my Account Equipment:

Choose Year Make Vin #
Choose Year Make Vin #

To Whom It May Concern: Please Add / Delete the above mentioned drivers affective:

*WARNING * New Policy from 12-31-2012

- To make sure all information is received and accurate, please call to verify transmission of this fax.**
- Any policy changes sent after 4:00 p.m. Monday thru Friday will be processed the next business day.**
- Requests received on Saturday or Holidays will be processed the following first business day.**
- If client is requesting endorsement to add equipment to their policies the client is required to send an endorsement form with a voided check. This check will only be used 24 hours after due date of invoice if it has not been paid to Coverall Agency, Inc. Generally, the due date of an invoice is no less than 7 days.**

Date

Signed By Insured

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