



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

Endorsement

***WARNING *** After completing this form please
print out and send by fax to number (847) 298 - 8961
or send by e-mail use button listed above.

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)

ADD. Driver # 1

**Please complete the following, including current employer, list in
order of most recent employer first. Must have 2 complete years**

First Name M.I. Last Name DOB Years Exp.

DL # State Choose One

Employer Name Address

From To Type of Vehicle ☐ Straight Truck ☐ Tractor / Semi Trailer ☐ Bus (passenger)
☐ Limousine ☐ Dump Truck ☐ Other

Dates of Employment

Radius of Use: ☐ 0 - 75 Miles ☐ 76-300 Miles ☐ Over 300 Miles

Employer Name Address

From To Type of Vehicle ☐ Straight Truck ☐ Tractor / Semi Trailer ☐ Bus (passenger)
☐ Limousine ☐ Dump Truck ☐ Other

Dates of Employment

Radius of Use: ☐ 0 - 75 Miles ☐ 76-300 Miles ☐ Over 300 Miles

Employer Name Address

From To Type of Vehicle ☐ Straight Truck ☐ Tractor / Semi Trailer ☐ Bus (passenger)
☐ Limousine ☐ Dump Truck ☐ Other

Dates of Employment

Radius of Use: ☐ 0 - 75 Miles ☐ 76-300 Miles ☐ Over 300 Miles

During the past three years have you had a minimum
of two years full time over the road driving experience?

☐ Yes
☐ No

Do you object to verification of the above information ? ☐ Yes
☐ No

* WARNING * New Policy

- 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.

Date

Signed By Insured

ADD. Driver # 2

Please complete the following, including current employer, list in order of most recent employer first. Must have 2 complete years

<div>First Name</div>	<div>M.I.</div>	<div>Last Name</div>	<div>DOB</div>	<div>Years Exp.</div>	
<div>DL #</div>			<div>State</div>	<div>Choose One</div>	
<div>Employer Name</div>			<div>Address</div>		
<div>From</div>	<div>To</div>	<div>Type of Vehicle</div>	<div><input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor / Semi Trailer <input type="checkbox"/> Bus (passenger)</div>		
<div>Dates of Employment</div>		<div>Radius of Use:</div>	<div><input type="checkbox"/> Limousine <input type="checkbox"/> Dump Truck <input type="checkbox"/> Other</div>		
			<div><input type="checkbox"/> 0 - 75 Miles <input type="checkbox"/> 76-300 Miles <input type="checkbox"/> Over 300 Miles</div>		
<div>Employer Name</div>			<div>Address</div>		
<div>From</div>	<div>To</div>	<div>Type of Vehicle</div>	<div><input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor / Semi Trailer <input type="checkbox"/> Bus (passenger)</div>		
<div>Dates of Employment</div>		<div>Radius of Use:</div>	<div><input type="checkbox"/> Limousine <input type="checkbox"/> Dump Truck <input type="checkbox"/> Other</div>		
			<div><input type="checkbox"/> 0 - 75 Miles <input type="checkbox"/> 76-300 Miles <input type="checkbox"/> Over 300 Miles</div>		
<div>Employer Name</div>			<div>Address</div>		
<div>From</div>	<div>To</div>	<div>Type of Vehicle</div>	<div><input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor / Semi Trailer <input type="checkbox"/> Bus (passenger)</div>		
<div>Dates of Employment</div>		<div>Radius of Use:</div>	<div><input type="checkbox"/> Limousine <input type="checkbox"/> Dump Truck <input type="checkbox"/> Other</div>		
			<div><input type="checkbox"/> 0 - 75 Miles <input type="checkbox"/> 76-300 Miles <input type="checkbox"/> Over 300 Miles</div>		
<div>During the past three years have you had a minimum of two years full time over the road driving experience?</div>					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No <div>Do you object to verification of the above information ? <input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>					

DELETE Driver

<div>First Name</div>	<div>M.I.</div>	<div>Last Name</div>
<div>First Name</div>	<div>M.I.</div>	<div>Last Name</div>

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

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- Requests received on Saturday or Holidays will be processed the following first business day.**

<div></div>	<div>Date</div>	<div></div>
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