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Des Plaines, IL 60016
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***WARNING * After completing this form please
print out and send by fax to number listed above.**

Order For Insurance Quote

(No Charge - No Obligation)

Corporation or Individual Name

Address

City State Zip Code MC #

Phone # Fax # US DOT #

Write if you need the Primary/Cargo Liability Insurance

Write if you need the Primary/Cargo Liability Insurance

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 coverage) Limit * *Limit for Bobtail is \$1,000,000 or \$500,000

☐ Cargo*** (Coverage) \$ (Deductible) Type of Coverage *** Attach List of Commodities

☐ Physical Damage (Deductible)

☐ Radius of Operation (choose one coverage) ☐ Unlimited ☐ 500 miles or Less ☐ Other

List of Equipment

Choose Year Make Vin # Purchase Cost Stated Amount

Write if you need the Physical Damage Insurance

Gross Weight

Write if you need the Physical Damage Insurance

Write if you need the Physical Damage Insurance

Lien holder / Lessor Name

Loss Payee / Lessor address

Choose Year Make Vin # Purchase Cost Stated Amount

Write if you need the Physical Damage Insurance

Gross Weight

Write if you need the Physical Damage Insurance

Write if you need the Physical Damage Insurance

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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