



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.**

## Request for Estimate Price

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)

### **Estimate Price for Equipment # 1**

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

### **Estimate Price for Equipment # 2**

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

### **Estimate Price for Equipment # 3**

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

### **Please DELETE from my Account Equipment:**

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

Choose

Purchase Cost

Stated Amount

Gross Weight

Write if you need the Physical Damage Insurance

### **\*WARNING \* New Policy from 01-01-2016**

- To make sure all information is received and accurate, please call to verify transmission of this fax.**
- Any policy changes sent after 4:30 p.m. CT (Central Time) Monday thru Friday will be processed the next business day.**
- Requests received on Saturday or Holidays will be processed the following first business day.**
- It is the ONLY FORM for ESTIMATE PRICE for endorsement.**

Date

Signed By Insured

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