



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

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

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

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 4:30 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.

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

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

DELETE Driver

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name

To Whom It May Concern:	Please Add / Delete the above mentioned drivers affective: <input type="text"/>

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<input type="text"/>	Date	<input type="text"/>
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