



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

Write if you need the Physical Damage Insurance or you have Lien Holder

Gross Weight

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

Write if you need the Physical Damage Insurance or you have Lien Holder

Gross Weight

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 #

Choose Year Make Vin #

***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.**
- If client is requesting only ESTIMATE PRICE for endorsement Please use form:
http://www.coverallagency.com/Forms/App_6_Estimate_Vehicle_Coverall.pdf**
- 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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