



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 the number 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. Equipment

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

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

### DELETE 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](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

**ADD. Driver # 1****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"/>	Choose One
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Bus (passenger)
Dates of Employment				Radius of Use:	<input type="checkbox"/> 0 - 75 Miles	<input type="checkbox"/> 76-300 Miles
					<input type="checkbox"/> Over 300 Miles	
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Bus ( passenger)
Dates of Employment				Radius of Use:	<input type="checkbox"/> 0 - 75 Miles	<input type="checkbox"/> 76-300 Miles
					<input type="checkbox"/> Over 300 Miles	
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Other
Dates of Employment				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 <input type="checkbox"/> No						
Do you object to verification of the above information ? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**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"/>	Choose One
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Bus ( passenger)
Dates of Employment				Radius of Use:	<input type="checkbox"/> 0 - 75 Miles	<input type="checkbox"/> 76-300 Miles
					<input type="checkbox"/> Over 300 Miles	
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Other
Dates of Employment				Radius of Use:	<input type="checkbox"/> 0 - 75 Miles	<input type="checkbox"/> 76-300 Miles
					<input type="checkbox"/> Over 300 Miles	
Employer Name			Address			
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"/> Limousine	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Bus ( passenger)
Dates of Employment				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 <input type="checkbox"/> No						
Do you object to verification of the above information ? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="text"/>			Date <input type="text"/>			

## DELETE Driver

First Name

M.I.

Last Name

First Name

M.I.

Last Name

Notes:

Date

Signed By Insured