



1585 Ellinwood Ave Ste 210  
Des Plaines, IL 60016  
Ph.: (847) 391 - 5100  
Fax: (847) 298 - 8961



**Endorsement**

Effective Date

**Request from Insured (Name):**

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

Gross Weight

Lien Holder / Loss Payee Name

Loss Payee or Lien Holder Address

**Please ADD. to my Account (Equipment # 2)**

Choose  Year  Make  Vin #  Purchase Cost  Stated Amount

Gross Weight

Lien Holder / Loss Payee Name

Loss Payee or Lien Holder Address

**Please DELETE from my Account Equipment:**

Choose  Year  Make  Vin #

Choose  Year  Make  Vin #

Choose  Year  Make  Vin #

**\*WARNING \* New Policy from 02-28-2013**

- To make sure all information is received and accurate, please call to verify transmission of this fax.**
- Any policy changes sent after 4:00 p.m. 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

9/10/15

Signed By Insured

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