



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

E-mail



Endorsement

Effective Date

***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.

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)

ADD. Driver # 1

First Name M.I. Last Name DOB Years Exp.

DL # State Alabama Choose One

Employer Name Address

From To Type of Vehicle ☐ Straight Truck ☐ Tractor / Semi Trailer ☐ Bus (passenger)
☐ Limousine ☐ Dump Truck ☐ Other

Dates of Employment

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

Dates of Employment

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

Dates of Employment

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 4:00 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.

Signed By Insured

Date

9/10/15

ADD. Driver # 2

| | | | | | | |
|---|----------------------|----------------------|----------------------|---|---|----------------------|
| <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 | Alabama | Choose One | <input type="text"/> |
| Employer Name | | | Address | | | |
| <hr/> | | | | | | |
| 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 | | | Address | | | |
| <hr/> | | | | | | |
| 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 | | | Address | | | |
| <hr/> | | | | | | |
| 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 | | | Address | | | |
| <hr/> | | | | | | |
| 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 | | |

DELETE Driver

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | M.I. | Last Name |
| <hr/> | | |
| <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: | 9/10/15 |
| | | |

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| | | |
|----------------------|------|---------|
| <input type="text"/> | Date | 9/10/15 |
|----------------------|------|---------|