



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

### ADD. Equipment

Choose  Year  Make  Vin #  Purchase Cost  Stated Amount

Gross Weight

Lien Holder / Loss Payee Name

Loss Payee or Lien Holder Address

Choose  Year  Make  Vin #  Purchase Cost  Stated Amount

Gross Weight

Lien Holder / Loss Payee Name

Loss Payee or Lien Holder Address

### DELETE 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

9/11/15

Signed By Insured

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### ADD. Driver # 1

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

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

First Name

M.I.

Last Name

First Name

M.I.

Last Name

Notes:

Date

Signed By Insured