



1585 Ellinwood Ave Ste 206
 Des Plaines, IL 60016
 Ph.: (312) 428 - 6100
 Fax: (312) 934 - 0090

Endorsement

***WARNING *** After completing this form please print out and send by fax to number (312) 934 - 0090 or send by e-mail use button 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. Driver # 1

Please complete the following, including current employer, list in order of most recent employer first. Must have 2 complete years

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

DL # State 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.

Date

Signed By Insured

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ADD. Driver # 2

Please complete the following, including current employer, list in order of most recent employer first. Must have 2 complete years

First Name M.I. Last Name DOB Years Exp.
 DL # State Choose One

Employer Name Address

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

DELETE Driver

First Name M.I. Last Name

First Name M.I. Last Name

To Whom It May Concern: Please Add / Delete the above mentioned drivers affective:

*** WARNING * New Policy**

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3. Requests received on Saturday or Holidays will be processed the following first business day.

Date