



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 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)

**Please ADD. to my Account (Equipment # 1)**

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

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

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

**Please DELETE from my Account Equipment:**

Choose  Year  Make  Vin #   
 Choose  Year  Make  Vin #

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

**\*WARNING \* New Policy from 06-28-2018**

- 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 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 EZ Insurance Group, Inc. Generally, the due date of an invoice is no less than 7 days.**

Date

Signed By Insured

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