



Insurance Group, Inc.

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 the 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 #

Liability **Policy Number** 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
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

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

DELETE Equipment

Choose Year Make Vin #

Choose Year Make Vin #

Choose Year Make Vin #

***WARNING * New Policy from 06-29-2018**

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

Date

Signed By Insured

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

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) []
 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

[] Date []

DELETE Driver

First Name

M.I.

Last Name

First Name

M.I.

Last Name

Notes:

Date

Signed By Insured