

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

## **Additional List of Equipment**

## \*WARNING \* After completing this form please print out and send by fax to number listed above.

Corporation of	or Individua	al Name							
Address									
City	Sta		Stat	ate Zip Code		MC	MC #		
FEIN or SS #		Phon	e #	Fax #		US	DOT		
List of Equipmer	<u>nt</u>								
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar		ance
Did you own this Equipment									
Choose	Write if you need the Physical Damage Insurance			<ul> <li>Write if you need the Physical Damage Insurance</li> <li>Loss Payee / Lessor address</li> </ul>					Gross Weight
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar red the Physical Da		ance
Did you own this Equipment									
Choose	Write if you need the Physical Damage Insurance Lien holder / Lessor Name			<ul> <li>Write if you need the Physical Damage Insurance</li> <li>Loss Payee / Lessor address</li> </ul>					Gross Weight
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar		ance
Did you own this Equipment	(please chose one)					white it you he	eu the Physical Da		
Choose	Write if y	ou need the Physical Dama Lien holder / Lessor Na		Write if you need the Ph		e Lessor address	_		Gross Weight
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar		2000
Did you own this Equipment	(please chose one)					white it you he			
Choose	Write if y	ou need the Physical Dama Lien holder / Lessor Na		Write if you need the Ph		e Lessor address			Gross Weight
Equipment	Year	Make	Vin #			se Cost	Stated Ar		
Did you own this Equipment	( <del>please chose one)</del>							_	
Choose	Write if you need the Physical Damage Insurance Lien holder / Lessor Name			U Write if you need the Physical Damage Insurance Loss Payee / Lessor address					Gross Weight
Equipment	Year	Make	Vin #		Purcha		Stated Ar		ance
Did you own this Equipment	: ( <del>please chose one)</del>								
Choose	Write if you need the Physical Damage Insurance Lien holder / Lessor Name			Write if you need the Physical Damage Insurance Loss Payee / Lessor address					Gross Weight
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar		ance
Did you own this Equipment	: ( <del>please chose one)</del>								
Choose	Write if y	ou need the Physical Dama Lien holder / Lessor Na		Write if you need the Ph		e Lessor address			Gross Weight
Equipment	Year	Make	Vin #		Purcha	se Cost	Stated Ar		ance
Did you own this Equipment									
Choose	Write if you need the Physical Damage Insurance       Write if you need the Physical Damage Insurance         Lien holder / Lessor Name       Loss Payee / Lessor address							l Gross Weight	
			Order Date						

