

Chain Express, Corp.
1820 N Corporate Lakes Blvd, Suite 301
Weston, FL. 33326
Ph. 305-477-4955
Fax. 305-477-6664
operations@chainexpress.com
www.chainexpress.com



REQUEST FOR INSURANCE PAPERWORK

NOTE TO CARRIER: In order to expedite getting insurance paperwork from your insurance agent, please sign this authorization and fax to Chain Express Corp. via fax number **305-477-6664**.

Date: _____

To: _____
(Insurance Agents Name)

Insured: _____
(Carriers Name)

I, _____, request that the
(Name) (Title)
following insurance paperwork be faxed to Chain Express Corp. via fax number **305-477-6664**.

Certificate with Chain Express Corp, Inc. as certificate holder and additional insured on cargo coverage

Copy of cargo exclusions, limitations and/or restrictions or warranty endorsements on policy

List of scheduled vehicles

Completed Chain Express Corp. Insurance Check List

Co-insurance clause(s)

Theft restrictions

Carrier signature _____