



Insured
Street
City and State

RE: Policy: Effective Expiration:

Dear :

Thank you for trusting Commerce West for your auto insurance needs. Your application has been received and is currently in its verification process. When reviewing your application, we noticed that some information appears to have been inadvertently missing. Please assist us in completing verification of your application by returning the information as requested below:

Supporting documentation indicating non-fault for (driver's name) accident of (date) that was disclosed on the () is required. If the not-at-fault documentation cannot be obtained, a signed Self-Certification & Accident Verification statement is required (enclosed).

Please be advised, failure to comply with this request within thirty (30) days *may* result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.

Thank you in advance for your prompt attention to this matter. Should you have any questions, please contact **(Agency Name)** for assistance.

Sincerely,

Commerce West Underwriting Department

cc: Agent
Marketing/