



RE: Policy: Effective: Expiration:

Dear Insured:

Information provided to Commerce West Insurance Company indicates the following individual(s) *may* reside in your household. Please provide the following information and return the completed form in the enclosed envelope or send by fax to the number at the bottom of the this document.

Driver #1	Driver #2	Driver #3
<input type="checkbox"/> Driver to be excluded	<input type="checkbox"/> Driver to be excluded	<input type="checkbox"/> Driver to be excluded
<input type="checkbox"/> Driver to be added *	<input type="checkbox"/> Driver to be added *	<input type="checkbox"/> Driver to be added *
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
* Please add as a driver:	* Please add as a driver:	* Please add as a driver:
Name:	Name:	Name:
Date of Birth:	Date of Birth:	Date of Birth:
Driver's License # and state:	Driver's License # and state:	Driver's License # and state:
Relationship:	Relationship:	Relationship:
Occupation:	Occupation:	Occupation:

Please advise of any other residents in your household over the age of 12. **Unreported operators may not be covered under this policy.**

Other Residents: _____

Remarks: _____

Thank you for your assistance with the above matter. **Failure to comply within thirty (30) days may result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.**

Insured's Signature _____ Date _____

cc: 00000 Insurance agency.