



In order to complete our underwriting file, we require your assistance with the information requested below. Failure to comply within thirty (30) days may result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.

RE: Policy:

Information provided to Commerce West Insurance Company indicates the following individual(s) may reside in your household. Please provide the following information and return in the enclosed self addressed envelope:

Driver #1	Driver #2	Driver #3
<input type="checkbox"/> In Household	<input type="checkbox"/> In Household	<input type="checkbox"/> In Household
<input type="checkbox"/> Not in Household	<input type="checkbox"/> Not in Household	<input type="checkbox"/> Not in Household
<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
Please add as a driver:		
Name _____	Name _____	Name _____
License # _____	License # _____	License # _____
Occupation _____	Occupation _____	Occupation _____
Age _____	Age _____	Age _____
Relationship _____	Relationship _____	Relationship _____

Please advise of any other residents in your household over the age of 15.

Remarks: _____

Insured's Signature _____ Date _____

cc: