



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"/> 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 added	<input type="checkbox"/> Driver to be added	<input type="checkbox"/> Driver to be added
<input type="checkbox"/> Driver not licensed	<input type="checkbox"/> Driver not licensed	<input type="checkbox"/> Driver not licensed
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:

Thank you for your assistance. ****IF THESE DRIVER(S) ARE IN THE HOUSEHOLD AND YOU *DO NOT* WANT TO ADD THEM, PROOF OF THEIR OWN AUTOMOBILE INSURANCE IS REQUIRED.****

Failure to comply within thirty (30) days *may* result in cancellation. Falta de responder dentro de 30 dias puede resultar en cancelacion.

Remarks: _____

Insured's Signature _____ Date _____

cc:0000 Insurance Agency