



RE: Policy: _____ Effective: _____ Expiration: _____

Dear Insured:

Thank you for allowing Commerce West Insurance Company to provide you with automobile insurance protection. Please assist us in updating your policy by replying to the below marked question(s).

There are now _____ vehicles and only _____ reported driver(s) on your policy. Please advise of any undeclared drivers that have use of your vehicles.

Name:		Name:	
Date of Birth:		Date of Birth:	
Driver's License # (if applicable):		Driver's License # (if applicable):	
Relationship to Named Insured:		Relationship to Named Insured:	

Please provide the name, date of birth, driver's license number (if applicable), and relationship to the named insured of all occupants of the household, regardless of age.

Name:		Name:	
Date of Birth:		Date of Birth:	
Driver's License # (if applicable):		Driver's License # (if applicable):	
Relationship to Named Insured:		Relationship to Named Insured:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Driver's License # (if applicable):		Driver's License # (if applicable):	
Relationship to Named Insured:		Relationship to Named Insured:	

(Driver's Name) occupation and usage of vehicle: _____

Thank you in advance for your prompt attention to this matter. **Failure to comply within thirty (30) days may result in cancellation. Falta de responder dentro de 30 días puede resultar en cancelacion.**

Sincerely,

Commerce West Customer Service Department

cc: Insurance Agency #0000