



RE: Policy: Effective: Expiration:

Dear Insured:

Please assist us in updating your policy. Our records indicate that (driver's name) was unemployed or otherwise not working at the time your policy was last reviewed by the Company. Please advise if (driver's name) employment status has changed and return this form in the envelope provided.

Please mark appropriate box. If marked "Employed," please fill in blank fields below:

Employed Not Employed Disabled Retired

Name of Employer	
Address of Employer	
Occupation	
Usage of Vehicle	

Thank you for your assistance with the above matter.

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

Sincerely,

Commerce West Customer Service Department

cc: Insurance Agency # 0000