



AMERICAN
HEARTLAND
INSURANCE
COMPANY

Undisclosed) Form

P.O. Box 1004, Skokie, IL 60076
Phone: 847-583-4600 | Fax: 847-583-9011

Claim Number: _____

Dear **Policy Holder**:

Our investigation shows that an **undisclosed driver** was driving your vehicle and involved in the above referenced loss. Before our investigation can be conducted we need additional information about your driver. **Please be advised that if any information is left blank on this form we will be sending this back to you to obtain the information which is needed to proceed with this claim.**

Name of Driver _____

Relationship to you _____ Date of Birth _____

Driver's current address _____

This Driver has driven this vehicle how many times within the last 12 months? _____

Drivers license Number _____

How long has this driver been a member of your household? _____

Did the driver have your permission to drive on date of loss?

Yes _____ No _____

Why was this driver using your vehicle? _____

Does this driver have their own set of keys to your vehicle? Yes _____ No _____

If not, how did the driver obtain keys to your vehicle? _____

Does this driver have their own vehicle? Yes _____ No _____

Does this driver have insurance on their vehicle? Yes _____ No _____

If so, please provide the following:

Name of Insurance Company- _____

Policy Number- _____

Please complete and return as soon as possible.

Insured's Name Date