



# Undisclosed Resident Form

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

Claim Number: \_\_\_\_\_

Our investigation shows that you may or may not be the only person living in your household. Just to update our records, please provide us with the requested information. **It is part of the terms and conditions of your policy that you list everyone above the age of 15 regardless of if they are licensed or not. Failure to complete this form may result in a cancelation of your policy. Please use the back of this form if needed.**

Person 1. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Drivers License/State ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Time in Household: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Daily Commute in Miles: \_\_\_\_\_ Vehicle Used: \_\_\_\_\_

Person 2. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Drivers License/State ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Time in Household: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Daily Commute in Miles: \_\_\_\_\_ Vehicle Used: \_\_\_\_\_

Person 3. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Drivers License/State ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Time in Household: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Daily Commute in Miles: \_\_\_\_\_ Vehicle Used: \_\_\_\_\_

Person 4. Full Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Drivers License/State ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Time in Household: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Daily Commute in Miles: \_\_\_\_\_ Vehicle Used: \_\_\_\_\_

**Please complete and return as soon as possible so we may process your claim.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_