



CLAIM NUMBER: _____

Dear Policy Holder:

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 basic 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.**

1. Full Name and Date of Birth:

_____ **Relationship** _____

Drivers License Number: _____

How long has he/she been a member of the household? _____

Does he/she have their own auto insurance policy? If so who? _____

2. Full Name and Date of Birth:

_____ **Relationship** _____

Drivers License Number: _____

How long has he/she been a member of the household? _____

Does he/she have their own auto insurance policy? If so who? _____

3. Full Name and Date of Birth:

_____ **Relationship** _____

Drivers License Number: _____

How long has he/she been a member of the household? _____

Does he/she have their own auto insurance policy? If so who? _____

If more than 3 please print an additional sheet

Please complete and return as soon as possible.

Insured's Signature Date