



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: _____