

Request to add Driver

Completion and submission of this form DOES NOT BIND ANY COVERAGE. We will notify you if and when coverage is bound.

Complete the form entirely and fax to (559) 298-4036

If Driver being added is a student and has a GPA of 3.0 or more please submit proof for a possible discount.

Your Policy #: _____

Date: _____

Name: _____

Address: _____ City: _____

State: ____ Zip Code: _____

Name of Driver	License Number	State	Date Licensed	Sex	DOB	Veh Driven

For Commerical Auto policyholders. PLEASE FURNISH A CURRENT MOTOR VEHICLE REPORT. THE DRIVER CAN OBTAIN THEIR MVR FROM THE DMV FOR \$5.00.

Please answer yes or no to the following questions and provide details:

Has any Driver:

* Had a revoked, suspended, or expired license within the last 3 years? _____

* Been convicted for any moving traffic violation within the last 3 years? _____

* Been in an accident or sustained any loss in the last 5 years (regardless of fault)? _____

* Had a motor vehicle stolen in the last 5 years? _____

* Ever been convicted for any alcohol related incidents? _____

* Have any medical or mental condition that would impair the ability to operate a motor vehicle? _____

* Have a physical impairment, such as the loss of an arm, hand, leg, or foot? _____

Signature of Insured: _____

Date: _____