



30545 Union City Blvd.
 Union City, CA 94587
 Lic# OH07390

Phone: 510-400-9666
 Fax: 510-400-9667
 email: Sat@Kingpinins.com

Insured: _____

Address: _____

Phone: _____ Submitted by: _____

Date Submitted: _____

INSURED REQUEST DRIVER ADD/DELETE FORM

Please fill out the table below and fax to **510-400-9667** to request to add and/or delete a driver from your policy. This is only a request; your Insurance Company may exclude the requested change if proper documentation is not provided with request.

First Name	Last Name	License	DOB	State	Years Driving	Add/Delete

I _____ (Named Insured) request the above changes to my Insurance Policy # _____ effective today, _____.

Full Name: _____

Signature: _____

Date: _____