



ALEXANDER EDDY  
INSURANCE AND  
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

## ADD DRIVER REQUEST

Date: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insured's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact No(s): (\_\_\_\_\_) \_\_\_\_\_ Best Time of Day To Contact: \_\_\_\_\_

## DRIVER INFORMATION

First Name (as it appears on the license): \_\_\_\_\_

Last Name (as it appears on the license): \_\_\_\_\_

Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Date First Licensed: \_\_\_\_\_

Current State License: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

## DRIVING RECORD INFORMATION

Please disclose all violations, suspensions, or accidents: \_\_\_\_\_

Primary Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Use:

☐

Commute to Work/School

☐

Business

☐

Pleasure

One way miles: \_\_\_\_\_ Annual Miles: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_

AEIFS, Inc. accepts policy change and bind requests via email and fax but the receipt thereof does not constitute coverage. Email and fax communications are not 100% reliable. It is the responsibility of the insured to confirm that the agent has received and processed the email or faxed correspondence and bind requests. A formal acknowledgement from us will constitute proper receipt and processing of a change request or a bind order. Please keep in mind that this correspondence does not constitute acceptance of the risk or an agreement to insure, and it does not create any obligation of any kind, contractual or otherwise. Once you submit all required documentation we will review your completed application or request and if acceptable we will inform you of our decision and provide you with a binder, provided that you have submitted the required payment and all required documents.

