



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

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INSURANCE • FINANCIAL SERVICES • EMPLOYEE BENEFITS • RISK MANAGEMENT

REMOVE DRIVER REQUEST

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): _____

Birth Date: _____ Driver's License No.: _____

Reason for removing this driver: _____

Please indicate if this driver is:

Still living in the household Student In the military

IMPORTANT: No changes are effective until you receive written confirmation from one of our representatives as well as the insurer.

Signature: _____ Date: _____

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.

