

Declaration of Drivers Form

As the named insured policyholder, I hereby declare there are no other drivers either residing in our household or otherwise regular operators of any of the following vehicles insured on our policy.

Year	Make	Model	VIN #

I further acknowledge I have been made aware that any drivers, even if part time, seasonal, away at school, not related, must be disclosed to my insurance company/ broker and failure to do so will risk being uninsured in the event of an accident. I further realize my failure to disclose facts pertaining to the insurance risk can result in my policy being cancelled by registered letter for misrepresentation at any time and affect my future insurability and premium.

X _____

Named Insured (s) Policyholder