



# Driver Addition/Deletion Form

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Policy Number \_\_\_\_\_

DRIVER INFORMATION				
NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER/STATE	DATE OF HIRE	YEARS EXPERIENCE

Please List Driver(s) to Be Deleted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I confirm the information regarding the aforementioned drivers and their personal/employment information is current and accurate.**

Signature of Insured

Date