

Printed on: _____
Policy Number: _____

Household Members and Operators Form

Part A: The following information is required:

<u>Household Member or Operator's Information</u>			
Name: _____ Date of Birth: _____ Relationship to Named Insured: _____			
Street Address: _____ State: _____ Zip Code: _____			
Identification Type:			
<input type="checkbox"/> U.S. License Number: _____ State of Issuance: _____	<input type="checkbox"/> International License Number: _____ Country of Issuance: _____	<input type="checkbox"/> Unlicensed (ID Card) Number: _____ State/Country of Issuance: _____	<input type="checkbox"/> Other: _____ Number: _____ State/Country of Issuance: _____
<u>Action Request – Choose One</u>			
The person listed above:			
<input type="checkbox"/> Does operate my vehicle(s) and I would like to add and rate them on my policy as a covered driver.			
<input type="checkbox"/> Does not operate my vehicle(s), but I would like to add and rate them on my policy as a covered driver.			
<input type="checkbox"/> Does not operate any of the vehicles on my policy and I would like to exclude them from my policy. I understand and agree that if this option is selected, I must also provide a completed Named User Exclusion Endorsement Form to consider Part A of the Household Members and Operators Form complete.			
<u>Household Member or Operator's Information</u>			
Name: _____ Date of Birth: _____ Relationship to Named Insured: _____			
Street Address: _____ State: _____ Zip Code: _____			
Identification Type:			
<input type="checkbox"/> U.S. License Number: _____ State of Issuance: _____	<input type="checkbox"/> International License Number: _____ Country of Issuance: _____	<input type="checkbox"/> Unlicensed (ID Card) Number: _____ State/Country of Issuance: _____	<input type="checkbox"/> Other: _____ Number: _____ State/Country of Issuance: _____
<u>Action Request – Choose One</u>			
The person listed above:			
<input checked="" type="checkbox"/> Does operate my vehicle(s) and I would like to add and rate them on my policy as a covered driver.			

- ☐ Does not operate my vehicle(s), but I would like to add and rate them on my policy as a covered driver.
☐ Does not operate any of the vehicles on my policy and I would like to exclude them from my policy. I understand and agree that if this option is selected, I must also provide a completed Named User Exclusion Endorsement Form to consider **Part A** of the Household Members and Operators Form complete.

Part B: The following information is required:

- ☐ By checking this box, I attest there are no other household members aged 14 or older, nor any other regular operators of the insured vehicle(s), beyond those listed on this policy and/or this Household Member and Operators Form.

I hereby certify by signing below that the information provided in this questionnaire is accurate and complete. I understand and agree that failure to list and either rate or exclude all members of my household age 14 and older and any regular drivers of the vehicle(s) listed on my policy may result in my policy being rescinded back to inception.

Named Insured Signature: _____

Date: _____