

Date: _____

Policy Number: _____

Garaging Clarification Follow-Up Form**Part A:** You recently advised us that the _____ is kept at _____.

Because of this, the following information is required:

Per Aspire's guidelines, all vehicles listed on the policy must be principally garaged at a residential address and in the same location.

Action Request – Choose One

☐ I confirm that the vehicle(s) listed at the top of this form has been relocated back to my current address on file. I understand and agree that by selecting this option, I must also provide proof of residency that confirms the physical garaging address for the vehicle(s) listed at the top of this form has been relocated back to my current address on file and must submit it for **Part A** of this Garaging Clarification Follow-Up Form to be considered completed.

Acceptable proof of residency includes the following:

- Utility Bill dated within 45 days
- Current Lease Agreement, Mortgage Receipts, or Mortgage Statements
- Valid Vehicle Registration issued within the last 45 days
- Valid Arizona Driver's License or Arizona ID Card issued within the last 45 days

☐ I confirm that the corresponding vehicle(s) and address(es) listed at the top of this form is correct and I would like Aspire to remove the vehicle(s) listed at the top of this form from my policy.

☐ I confirm that the corresponding vehicle(s) and address(es) listed at the top of this form is not correct, however, I would like Aspire to remove the vehicle(s) listed at the top of this form from my policy.

Part B: The following information is required:

I hereby certify by signing below that the information provided in this questionnaire is accurate and complete. I understand that any misrepresentation or omission of information may result in adjustments to my policy or claims being denied. I understand that the Company may rescind this Policy if any of the information I have provided is false or misleading and materially affects the risk the Company assumes by issuing the Policy. I understand that I have a continuing duty to notify the Company of any changes to the information provided in this Form.

Named Insured Signature: _____

Date: _____