

Policy:				
Effective:				
Expiration:				
Dear				
policy information. You ma	coming up for renewal, and we want to ensure by have had a family and/or lifestyle change the sure that your policy provides the right amour	nat requires an adj	ustment to your policy	
	we are required to request that you pease note that your response is requi	red and must b	e received no late	er than
current driving habits Please provide the followin	ige estimate based upon average Cal i. If your annual mileage is less than ig information so that we may update our files. order for us to properly rate your vehicle(s) ar	lifornia driving 7000 miles, pro An envelope is end	experience that door will be required closed for return of this	iffers from your d.
	ing address if different than listed above.			
Address:				
Vehicle	Employer or School Name & Address	Days/Wk Commute	Est. Annual Pleasure Mileage	Est. Total Annual Mileage
recorded, complete a subject to verificatior and that any false or automobile policy. Fa	ty of perjury that the above informatind true. I understand that the above and will be relied upon by Commercinaccurate information could jeopard xed signatures will constitute original and/or faxed) shall be binding	information, ar e West Insuran lize the continu al signatures a	nswers and staten ce Company in iss nance or the ratin	nents may be suing any policy, g of my
Insured's Signature		 Date		
Insured's Phone Number				