



Request for Special Underwriting Consideration

Applicant or Insured: Yvonne Erickson

Policy Number: 530052509

I declare that the persons listed below are members of my household. However, I declare that these persons are not operators of any vehicle on my application for insurance or listed on my automobile policy. I ask my *Insurer* not to consider the persons listed below in setting rates for the automobile policy.

	Insert Name Below	Insert Name Below	Insert Name Below
Unable to drive	James Erickson		
Surrendered license			
Never Licensed/Identification Card*			
Other Insurance**			

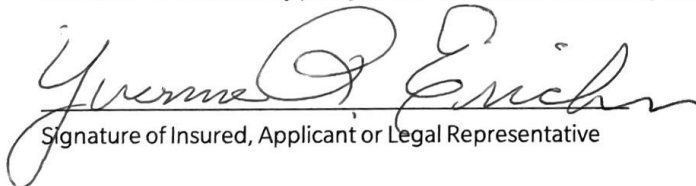
*Provide a current copy of DMV issued Identification Card

**Provide a current copy of Declarations Page showing Other Insurance

I understand that the premium or rate for the automobile policy, issued to me by my *Insurer* will be determined in substantial and material part in reliance on the information I provide in this Request, particularly in reliance upon my request asking my *Insurer* to not consider the person(s) identified above as drivers of the vehicles in my household (i.e. "rated drivers"). I agree to cooperate with my *Insurer* in confirming information supporting this request.

I agree that if, during the policy period, any of the persons identified above desire to operate a vehicle insured by my automobile policy, I will notify my agent or my *Insurer* before such person operates any of the vehicle(s) insured under my automobile policy. In such event, I agree to add such person to my policy as a "rated driver" at the appropriate filed rate.

I confirm that I have supplied the information entered in this request and that all such information is true and correct and complete to the best of my knowledge. I acknowledge and agree that if the information I provided was material to the risk and it was untrue, or if there was a failure to provide any and all requested information within the time required then my *Insurer* may take action to cancel, nonrenew or rescind any policy issued to me, as permitted by the laws of my state.


Signature of Insured, Applicant or Legal Representative

2/27/2023
Date