

**LEADING EDGE INSURANCE SERVICES, INC.**

**421 B South Coast Highway**

**Oceanside, CA 92054**

**Phone: (760) 433-5196 Fax: (760) 433-1175**

**REQUEST TO ADD DRIVER**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please add the following driver(s) to my policy effective (date & time): \_\_\_\_\_

Drivers to be added			
	Name	Date of Birth	Social Security #
Driver #1			
Driver #2			

	Occupation	Name of Employer/School	Phone Number
Driver #1			( ) -
Driver #2			( ) -

	Complete address of Employer/School	Type of Business	Yrs Employed
Driver #1			
Driver #2			

	Marital Status	CA Driver's License #	Years Licenced	Other State(s) Previously Licensed / License #	Years Licensed
Driver #1					
Driver #2					

**List tickets and accidents for all drivers to be added within the last 3 years:**

Driver #1: \_\_\_\_\_  
\_\_\_\_\_

Driver #2: \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_