ADD/DELETE DRIVER FORM

Date: _____

Insured: _____

Please ☐Add ☐Delete (check one) the following driver

Driver: _____

State: _____

License#: _____

D.O.B: _____

Years of Experience: _____

Hire Date: _____

☐ Please see attached MVR.

☐Please order an MVR and send me a copy

This request was submitted by:_____

*We will contact you via fax or email to confirm this driver's eligibility.

Office Use Only

The Insurance company ☐ Approved ☐ Unapproved this driver.
Comments_____
Confirmed by:_____Date_____

I understand that this change is not in effect until I receive a change request confirmation in writing from J.E.B. Insurance Services, LLC*

J.E.B. Insurance Services LLC.   PO BOX 56827   Jacksonville, Florida 32241
Phone   (888) 225-2258   Fax (904) 352-1804   Quote@JebInsurance.com