

REQUEST TO DELETE DRIVER

Completed and Signed form must be emailed to receptionist@clovisinsuranceagency.com
or faxed to 559-298-4036.

Named Insured _____

Address _____

Please delete _____ **as a driver from my**

Auto Policy # _____ **effective (Date):** _____

Reason: _____

Signature: _____

Named Insured

Print Name: _____

**DELETION OF A DRIVER ON A POLICY DOES NOT AUTOMATICALLY
DELETE A POLICY VEHICLE. IF YOU NEED TO DELETE A VEHICLE,
YOU WILL ALSO NEED TO COMPLETE A DELETE CAR FORM.**
