

Youthful Driver Supplement



FARMERS®

Farmers Insurance Exchange

Mid-Century Insurance Company

Policy Number							

Effective Date		
Mo.	Day	Yr.

Agent		
St.	Dist.	Agent

_____ has satisfactorily completed the Insurance Economics and
Name of Youthful Driver
 Driver Safety Workshop/Video program, on _____
Month Day Year

This is my authority to cancel Policy Number _____ of the _____
Company Name
 effective on the effective date of the new policy applied for and any credit should be applied to the new policy.

 Parent's Signature

 Youthful Driver's Signature

 Agent's Signature