

**REQUEST FOR MOTOR VEHICLE REPORT**

**DISCLOSURE AND RELEASE**

I authorize, without reservation, the ordering of my Motor Vehicle Report for the sole purpose of insurance eligibility as a driver on my employer's auto policy. I further understand this information will only be shared with an insurance carrier for underwriting purposes and my employer will only be notified as "eligible or ineligible" status.

**License Holder:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant Signature

Date

\_\_\_\_\_

Driver's License # and Issuing State

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security # (IF REQUIRED by State)

**Insured / Employer:**

\_\_\_\_\_

Insured / Employer Signature

\_\_\_\_\_

Insured's Company Name