

APPLICANT MVR RELEASE & ORDER FORM

FAX REQUEST TO 317-273-6315 or EMAIL TO SERVICE@ASSOCIATED-INSURANCE.COM

NEED BY DATE: _____ URGENT REQUESTED BY: _____
TITLE: _____
COMPANY NAME: _____

To be completed by applicant: (PRINT)

Applicant Name: _____ Date of Birth: _____

Department: _____ Position: _____

Driver's License #: _____ Issuing State: _____

In connection with my application I understand that investigative background inquiries are to be made on my motor vehicle records. I understand potential employer. and/or any related parties may be requesting information from various Federal, State and other agencies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from a third party and/or any of their licensed agents. The authorization and consent shall be valid in original, fax or copied form. I have the right to make a request of Associated Insurance, or authorized consumer reporting agency currently used by potential employer. and/or any related parties, upon identification and the payment of any authorized fees, for the information files on me at the time of my request. I understand my motor vehicle record may be checked annually and subsequent checks may be required. I further understand that a criminal background check as it relates to my motor vehicle record ("MVR") may be required if information is inconclusive on the MVR record. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Copies of your Driving Report can be obtained by calling Associated at 317-271-8666. You may contest any inaccurate information with your state of license's Bureau of Motor Vehicle or similar government organization regulating the licensing of drivers.

Applicant Signature: _____ Date: _____

MVR REQUIREMENTS

A driver is unacceptable for coverage if the following appears on their MVR:

- * Two or more at-fault accidents within the last three years
- * One or more major convictions within the last three years
- * More than three moving violations (including accidents/violation combinations) within the past three years

INSURANCE AGENT Results of Review:

Applicant meets requirements? YES NO Signature _____

Please note, this is a review by agency and insurance carrier may reject employee based on add'l info

REQUESTING COMPANY- SPECIFY IF EMPLOYEE IS HIRED:

*Applicant hired YES NO If yes, what date _____ Signature _____

If you are denied employment or benefit, either in part or whole, it may be in connection to the information provided by reviewing your Motor Vehicle Report or accident record.

Copies of your Driving Report can be obtained by calling Associated Insurance at 317-271-8666 within 60 days of this notice. You may contest any inaccurate information with the reporting state's Bureau of Motor Vehicle or similar government organization regulating the licensing of drivers.