

**Disclosure under Fair Credit Reporting Act and Consent to
Procurement of Consumer Report**

The undersigned hereby authorizes _____
or its Insurance Agency, United Agencies Insurance Group, or it assigns, to obtain a copy of a
Motor Vehicle Report, pertaining to me or employment purposes, and for use in rating and/or
underwriting insurance for which the above named employer may apply, and any renewal thereof. I
understand that in obtaining the consumer report, a consumer reporting agency may be used and I do
hereby authorize such use.

Dated _____

Signed _____

Printed name _____

Driver Questionnaire

(to be completed by each driver)

Company Name: _____

Name of Driver: _____

Date of Birth _____ Social Security # _____

Drivers License # _____ State _____

Please list ALL accidents and violations you have been involved in (even if you were not at fault), in the past three years:

Description and Date

I certify the above information is complete and accurate to the best of my knowledge and belief.

Date

Signature