

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with _____ (*Named Insured*), I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I hereby authorize, without reservation, procurement of my motor vehicle report and further authorize any party or agent contacted to furnish the above-mentioned information to Energy Insurance Agency or its agents.

If or upon hire, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. I acknowledge that _____'s (*Named Insured*) commercial auto insurer and agent will also use this information in conjunction with insurance underwriting, loss control and safety review efforts.

I agree to release my employer, potential employer, its commercial auto insurer, agent & its employees and those who supplied the company with this information from any liability for any damage that may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Employee/Applicant Full Legal Name (include Middle Initial)

Driver's License Number

State of Issuance

Date of Birth

Employee/Applicant Signature

Date

Employer/Company Signature

Date