

COLONIAL INSURANCE

ESTABLISHED 1956

Fax or Email Signed Form

To: Colonial Insurance - Attn: Kim Russell

Fax: 334-270-6797

Email: krussell@colonial-insurance.com

MVR Authorization Form

DISCLOSURE AND RELEASE

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

Driver Signature

Date

Print Name

Date of Birth

Driver's License Number

State