

MINNESOTA CONSUMER INFORMATION AUTHORIZATION

GENERAL INFORMATION

Employee/Applicant Name

First _____, Middle Initial _____, Last _____

Drivers License # _____, State _____

Social Security # _____

Agency Name

Assured Protection, Inc., 5671 Geneva Avenue N., Oakdale MN 55128

AUTHORIZATION

I authorize you or any consumer reporting agency to check and obtain my driving record and to release this information to any insurance company that may require such information as part of my employer's requirement to obtain or maintain automobile insurance through your agency. I understand that this information may be obtained from third parties, such as consumer reporting agencies. I also understand and authorize you and any insurance company you represent that you may need to share with my employer my driving record. If you should find any information that adversely affects my ability to drive any vehicles for my employer, I understand that you will notify me or my employer and that I will have the opportunity to have any inaccuracies corrected.

I agree that this authorization shall be valid for non-public information for the entire period that my employer is insured through your agency.

Employee/Applicant Signature