



FAIR CREDIT REPORTING ACT DISCLOSURE

(NAME OF INSURANCE COMPANY MUST BE INSERTED BEFORE THIS FORM IS USED)

RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE REGARDING PROCUREMENT OF A CONSUMER REPORT

This is to notify you that in connection with your application, the Company may procure a consumer report on you as part of the process of considering your application or determining whether you meet its contracting standards. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, the Company will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act (FCRA).

Please be advised the Company may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting various sources, including but not limited to, your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that the Company make a complete and accurate disclosure of the nature and scope of the information requested, and provide you with a summary of your rights under FCRA.

This release and authorization shall remain valid and in effect for the duration of your contract, initial appointment or subsequent appointment with the Company, its affiliates and/or its subsidiaries. The Company reserves the right to run subsequent consumer reports and/or investigative consumer reports about you, as the Company, in its sole discretion, determines is necessary.

You may revoke this Authorization at any time, provided that the revocation is in writing, except to the extent that the Company has taken actions relying on this Authorization. If you would like to revoke this Authorization, please send a written revocation to the Company at the above address.

By signing below, you hereby authorize the Company and its affiliates to obtain a consumer report and/or an investigative consumer report about you in order to process your appointment application. In addition, you also authorize all entities having information about you, including present and former employers, criminal justice agencies, departments of motor vehicles, schools and credit reporting agencies, to release such information to the Company and its affiliates.

Signature	Date (mm/dd/yyyy)
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PROPOSED APPLICANT	
Name of Proposed Applicant (Please Print)	Proposed Applicant's Address (Please Print)
First Name:	Line 1:
Middle Name:	Line 2:
Last Name:	City: State: Zip:
Social Security # / Gov't ID	Date of Birth (mm/dd/yyyy) *
Driver's License #	State

* Date of Birth required for background investigation purposes only, and will be used for no other purpose.

Applicants - Please retain a copy for your files.