

Date: _____

Employer's Name: _____

Address: _____

City, State and Zip: _____

Dear _____:
(Employer's Name)

A Department of Motor Vehicles Report may be obtained as part of the evaluation of my job application/employment. The reports may be procured by Dalena/Benik & Associates and may include my driving record to assess my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as deems appropriate, to evaluate my insurability.

Sincerely,

Name of Job Applicant/Employee

Street Address

City, State and Zip Code

Drivers License Number Date of Birth

SIGNATURE of Job Applicant/Employee