

Insured Name: _____

Contact Name: _____

Telephone Number: _____

**AUTHORIZATION TO REQUEST MOTOR VEHICLE RECORD
(Commercial Insured)**

Federal and state laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specified circumstances. Two of those circumstances are (1) upon the written consent of the driver; and (2) for use by any insurer or insurance support organization (such as Wells Fargo Insurance Services of West Virginia, Inc.),...or its agents, employees, or contractors, in connection with claim investigation activities, antifraud activities, insurance rating or underwriting.

Wells Fargo Insurance Services of West Virginia, Inc., an independent insurance broker, has been requested by _____ (“Insured”) to secure and service its commercial auto insurance. To determine if such insurance is available to the Insured, Wells Fargo Insurance Services of West Virginia, Inc. must obtain a copy of your motor vehicle record from the state Division of Motor Vehicles.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

That the undersigned gives his/her consent to the release of his/her driving record for use by the Insured, Wells Fargo Insurance Services of West Virginia, Inc., its agents, employees, contractors, insurers and other insurance support organizations in connection with claim investigation activities, antifraud activities, rating and underwriting.

Driver Name: _____
(Print full name as it appears on your license)

License # and
State of Issuance: _____

Date of Birth: _____

Social Security No. _____

Signature of Driver: _____

Date: _____