

**MOTOR VEHICLE REPORT REQUEST FORM**

Date		No of Pages	
To		From	
Co.		Co.	
Phone		Phone	
Fax		Fax	

Prospective		New Employee					Relationship To
Last Name	First Name	Middle	Birth Date	State	Drivers License #	Named Insured	

Relationship to Insured: Employee (E), Insured (I), Spouse (S), Child (C), Other (O)

Circle The Appropriate Answer For Each Question

Have you ever been denied a driver's license or had one suspended or revoked?	Yes	No
Have you had any violations in the past 3 years?	Yes	No
Have you had any auto accidents in the past 3 years?	Yes	No

IF THE ANSWER TO ANY QUESTION WAS "YES", PLEASE EXPLAIN (GIVE DATES OF VIOLATIONS AND / OR ACCIDENTS)

---



---

I, the undersigned, give authorization for Martin Insurance Group and my employer, or prospective employer to obtain a current copy of my Motor Vehicle Report. I also affirm that the above statements are stated truthfully and without reservation. This authorization is good until revoked by me in writing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ Driver's Signature \_\_\_\_\_.