

Fax to: (503) 624-0846

Attn. (if known): _____

Slater & Associates Insurance, Inc.

P.O. Box 1469, Tualatin, OR 97062 Phone (503) 624-0466 Fax (503) 624-0846

Consent for Driver Record Abstract

Driver's Statement

The driver listed below authorizes Slater & Associates Insurance, Inc. to obtain his/her Driver Record Abstract (driver's license report) for use in insurance company underwriting. In the event that an adverse insurance decision is based upon any information contained in my driver record abstract, I may request a copy of my abstract as described below.

Employer's Statement

The employer listed below certifies the Driver Record Abstract being obtained is for use in insurance company underwriting.

DRIVER INFORMATION

Signature of Driver

Name of Driver (print)

Driver's License Number

State Licensed

Date of Birth Married Not Married

Today's Date

EMPLOYER INFORMATION

Signature of Employer

Title

Company Name

Driver's Work Location Address

Phone Number

Today's Date

List tickets (actual/limit and details) or accidents (who was at-fault and details) prior 5 years:

Slater & Associates Insurance, Inc. is restricted by law from disclosing specific information contained in a driver record abstract. If a driver questions the report, he/she may contact our vendor, Insurance Information Exchange (iiX) by calling (800) 683-8553 and selecting option #8 for FCRA Driver Information. This request must be made within 60 days. The report along with FCRA information will be mailed directly to the driver upon completion of a signed request.

Drivers may request their own report directly from DMV. Employers may order reports from a vendor by opening an account. Several vendors are available. Our vendor, Insurance Information Exchange (iiX) may be contacted at (800) 683-8553.

This document is for sole use of Slater & Associates Insurance, Inc. in obtaining insurance company underwriting. Your legal council should review your use of driver abstracts for compliance with state and federal laws.