

# JHA Risk Management, Inc. MVR Authorization Form

The undersigned gives his/her consent to release his/her driving record for use by the Named Insured, JHA Risk Management, 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 as it appears on the license)

Address: \_\_\_\_\_

Driver License #: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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<i>Driver's Name</i>	<i>Driver's Signature</i>	<i>Date</i>
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<i>Insured's Name</i>	<i>Insured's Signature</i>	<i>Date</i>
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***Personal information may be disclosed as follows:***

- ◆ For use by an insurance company/companies in connection with claim investigation, antifraud activities, rating or underwriting.
- ◆ For use by any requester who has obtained written consent of the individual to who the information pertains.
- ◆ For use in the normal course of business by a legitimate business, but only to verify accuracy of personal information or to obtain correct information.

**Notice: It is unlawful for any person to make false representations to obtain any personal information from an individual motor vehicle record.**