



State MVR Authorization Forms

State authorization forms are required for these states:

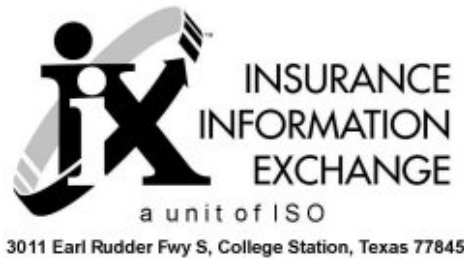
- Colorado
- Georgia
- Maryland
- Nevada
- New Hampshire
- Ohio
- Pennsylvania
- Virginia

NOTE: State forms must be completed and sent to:

iiX™
3011 Earl Rudder Fwy S.
College Station, TX 77845
Attn: Compliance Dept.
Fax : 979-696-2497

NOTE: Companies must get appropriate required signed consent releases from individuals for each MVR ordered in the states of AK, GA, PA, and VA and are responsible for maintaining copies in company files. iiX has the right to audit these documents at any time to validate proper authorization.

Special Instructions for New Decision Net® Companies:
Please provide the appropriate state forms, along with your Decision Net Product Supplement, to your ISO ClaimSearch® account executive.



COLORADO STATE FORM INSTRUCTIONS (INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **insurance** purposes only.
- Fill in all blanks in **account information** fields completely.
- Be sure to include your *Insurance Information Exchange* Account Number.
- Sign and date the forms in the fields provided.
- Do not complete shaded area at bottom of page 1 titled:
Information Below is intended...
- On page 2 & 3 include iiX account number; fill in company's name in first blank line provided. Sign and date page 3.
- Only a person who is authorized to execute contracts for your company should complete and sign this form.
- State form expires on an annual basis.
- Mail or fax signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Freeway S.
College Station, TX 77845

Fax No. (979) 696-2497 or (979) 693-2907

INSURANCE

- 1. COMPLETE & SIGN TO RECEIVE COLORADO DRIVER RECORD INFORMATION.
- 2. **FAX COMPLETED FORM TO:** iiX
 - 201 748-1019
 - ATTN: COMPLIANCE DEPT.

Account Number _____
 (State form expires on an annual basis)

Colorado

AFFIDAVIT OF INTENDED USE AND QUALIFIED REQUESTOR RELEASE

To obtain record(s), you must declare your intended use of record(s). If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record(s).

INFORMATION MAY BE USED ONLY FOR THE FOLLOWING APPROVED PURPOSES:
--

- | |
|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> By a government agency, including any court or law enforcement agency performing its functions for an approved purpose under DPPA. <input type="checkbox"/> By an agency charged with driver/motor vehicle safety or theft including: MV product alterations, recalls, advisories, MV performance monitoring, MV parts/dealers, MV market research or surveys, removal of non-owner records from original records of MV manufacturers. <input type="checkbox"/> By a business that will use the information to verify the accuracy of information submitted by individuals for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest. <input type="checkbox"/> In connection with a civil, criminal, administrative or arbitral proceeding in any court or before a self-regulatory body, including process service, investigation, execution of judgment, or pursuant to a court order. <input type="checkbox"/> In research activities (the information may not be published, redisclosed, or used to contact the parties). <input checked="" type="checkbox"/> By an insurer or insurance support agency in connection with claims, investigations, anti-fraud activities, rating or underwriting. <input type="checkbox"/> To provide notice to owners of towed or impounded vehicles. <input checked="" type="checkbox"/> By an employer/agent or insurer of a Commercial Driver License Holder. <input type="checkbox"/> In the operation of private toll facilities. <input type="checkbox"/> Attached is a written consent of the person whose record is being requested. |
|---|

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.

 Signature of Director, Principal or Owner of Insurance Company or Agency

 DATE

 Email Address

 Printed Name

 Address

 Title of Signatory

 City, State, Zip Code

 Name of Company or Agency

 Phone Number Fax Number

Information Below is intended for Individual Request

DRIVER INFORMATION

DRIVER NAME

DRIVER LICENSE NUMBER

DATE OF BIRTH

VEHICLE INFORMATION

OWNER NAME

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER (VIN)

1. COMPLETE & SIGN TO RECEIVE COLORADO DRIVER RECORD INFORMATION.

2. FAX COMPLETED FORM TO: iiX

• 201 748-1019

• ATTN: COMPLIANCE DEPT.

Account Number _____

(State form expires on an annual basis)

ADDENDUM TO SUBSCRIPTION AGREEMENT FOR COLORADO MOTOR VEHICLE REPORTS

This Addendum supplements the existing Subscription Agreement between _____ (“Customer”) and Insurance Information Exchange (“iiX”). Customer hereby requests Colorado Records and agrees to follow and be bound by the following terms and conditions:

Definitions- For purposes of this addendum, the following definitions apply:

“**CI**” designates Colorado Interactive

“**DMV**” designates State of Colorado, Department of Revenue, Division of Motor Vehicles

“**Driver License Records**” or “**DLRs**” are records containing information identified in 42-1-206(3.7)(a), C.R.S.

“**Qualified Requestor**” means a person or entity who requests a copy of an MVR electronically from User. In other parts of this agreement this party is identified as “customer”. Hereafter Qualified Requestor will be shown as Requestor.

“**Records Containing Personal Information**” or “**RCPI**” are those Motor Vehicle Records in which any data field of Personal Information has not been removed, thus revealing it to a Qualified Requestor upon Disclosure.

“**User**” designates iiX

Additions – Treatment of RCPI: The following is added to the Subscription Agreement as regards Colorado Driver License Records:

I. Statement of Confidentiality.

As an employee, officer, staff member, temporary employee or subcontractor of **Requestor**, you may have access to State of Colorado, Department of Revenue, Division of Motor Vehicles (“State”) official motor vehicle and/or driver records. The confidentiality of the information contained within these Records shall be maintained at all times. Record information shall not be distributed, sold or shared with any third party nor used by you in any way except as expressly authorized by the State. Disclosure of such information may be cause for legal action against you, the Vendor and any involved third party. The State shall not be in any way responsible for defense of any such action.

Pursuant to C.R.S. 42-1-206, any person who willfully and knowingly obtains, resells, transfers, or uses information in violation of law shall be liable to any injured party for treble damages, reasonable attorneys’ fees, and costs. Other civil and criminal laws may also apply.

II. The Requestor agrees to:

- A. Abide by the legal restrictions and conditions upon use and Disclosure of the Personal Information contained within a DLR and,
- B. Keep and maintain sufficient books and records to evidence use in accord with the Intended Use and,
- C. Abide by such other provisions of this Agreement as are indicated to require Requestor agreement.

III. Requestor agrees to destroy the Driver License Record after its use.

IV. Requestor agrees to implement reasonable system and data security procedures to protect DLRs from unauthorized Disclosure. Such reasonable procedures may include, but are not limited to, username and password access policies, firewalls, background investigations of employees or any other individuals authorized to access DLRs, and execution of confidentiality agreements by such employees or other individuals with authorized access.

V. The Requestor agrees to keep and maintain, in accordance with commercially reasonable data archive standards, for a period of time equal to five years after the last date the Requestor has an agreement with USER for Disclosure of DLRs, books and records, including financial accounts, which contain:

- A. Documentation of Disclosure of any DLRs in or under its possession or control,
- B. Documentation of Requestor systems and operation for handling of and safeguarding from unauthorized Disclosure of DLRs and
- C. Make available to CI, DMV, or the authorized representative of either of them, at any reasonable time, all such books and records including financial accounts, for auditing, compliance and monitoring purposes.

1. COMPLETE & SIGN TO RECEIVE COLORADO DRIVER RECORD INFORMATION.

2. FAX COMPLETED FORM TO: iiX

• 201 748-1019

Account Number _____

• ATTN: COMPLIANCE DEPT.

(State form expires on an annual basis)

Either CI or DMV shall have the right, but not the obligation, to conduct any inquiry or audit hereunder.

- VI. By signing this Addendum, Requestor agrees to indemnify, hold harmless, and release CI and the State of Colorado and their respective parent corporations, subsidiaries, officers, agents, agencies, contractors, subcontractors and employees (collectively, the "Releasees") from and against any and all loss, damages of any kind, injury, liability, court awards, suits and proceedings, including costs, expenses and attorneys' fees, arising from the performance of this Agreement by the Requestor, its officers, agents, volunteers or employees, except insofar (with respect to indemnity, hold harmless and release of the State of Colorado) as they may result from the actions or inactions of the State of Colorado, its agencies, employees, contractors or subcontractors; and except insofar (with respect to indemnity, hold harmless and release of CI) as they may result from the actions or inactions of CI, its parent corporation, its subsidiaries officers, agents, contractors, subcontractors or employees.
- VII. Breach of Security
Requestors shall report to iiX, who shall then promptly report to CI, the following occurrences within twenty-four (24) hours of discovery:
 - A. Any breach of security or confidentiality involving a DLR furnished to User or from User to a Requestor;
 - B. Any litigation involving the content of a DLR furnished from iiX to a Requestor;
 - C. Any breach of the iiX's written Agreement with the Requestor;
- VIII. Requestor agrees to be capable of generating, within twenty four (24) hours of a request by Colorado Interactive (CI or DMV) a history of its Disclosures over time of DLRs pertaining to any single individual.
- IX. Requestors shall not, use DLRs or any Personal Information for direct mail or email solicitations, advertising, or surveys, nor shall it compile or publish, or permit others to compile or publish, including on the Internet, any portions of the Personal Information furnished to it in a DLR.
- X. Requestor agrees that it is subject to remedial action by CI or DMV or both, in the event of violation of this Agreement. Such remedial action may range from suspension from receiving Disclosure of DLRs, to termination of the privilege of receiving Disclosure of DLRs, and may include liability for damages.
- XI. Third Party Beneficiary
No third-party rights are created or acquired by reason of this Agreement.
- XII. Requestor agrees that no term or condition of any agreement with DMV or CI shall constitute a waiver, express or implied, of any provision of the Colorado Governmental Immunity Act (the "Immunity Act"), as amended from time to time, nor the risk management self insurance statutes (the "Risk Management Acts") as amended from time to time. Further, Requestor understands, acknowledges and agrees, that the liability of the State of Colorado for any claims or injuries arising out of any conduct of the State of Colorado, its departments, institutions, agencies, boards, officials and employees is controlled and limited by the provision of the Immunity Act and Risk Management Acts.
- XIII. Requestor acknowledges that the continuing ownership of the original record underlying each copy of a Motor Vehicle Record, including a DLR, remains with DMV.

This Addendum does not modify, alter, expand or delete any other terms or conditions of the Subscription Agreement. IN WITNESS WHEREOF, the customer certifies that each has read, understands, and agrees to the terms and conditions described herein in this Addendum, and Specific State Forms.

Qualified Requestor (Customer) Signature

Date

Print Qualified Requestor (Customer) Name



GEORGIA STATE FORM INSTRUCTIONS

The following information will assist you in completing the form to access MVRs in this state.

- Fill in your company's name on the first blank line provided.
- Fill in all blanks in **account information** fields completely.
- Be sure to include your *Insurance Information Exchange* Account Number.
- Sign and date the forms in the fields provided.
- Only a person who is authorized to execute contracts for your company should complete and sign this form.
- If you are requesting MVR's for **employment purposes**, please remember to have the signed release from the driver. (Effective July 1, 2006, the signed release is no longer required to be notarized.)
- Mail or fax signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Freeway S.
College Station, TX 77845

Fax No. (979) 696-2497

GEORGIA DEPARTMENT OF DRIVER SERVICES
BULK USER CERTIFICATION

**Complete this form to order Georgia
MVRs**

_____ certifies that for each driver record it requests, the information contained therein shall be used solely for the underwriting of insurance involving the driver and that it has on file an application for renewal of or amendment to insurance, or has written authorizations of the licensee on file.

In filing this certificate, the company agrees to the following provisions:

In the event that an adverse decision is based upon any information supplied to the company by the Department of Driver Services then upon request of the driver, this company or the producing agent will inform the named insured driver of all information pertinent to the decision. This provision is to be construed as requiring the company to include specific information included in the driver's operating record.

All information is requested only for this company's exclusive use. This company will not pass any information included in the motor vehicle report to any other person or company, except as provided in Rule 570-3-.13.

Any violation of the rules of applying for certification required by the Department of Driver Services or provisions of the Fair Credit Reporting Act, or any other applicable state or federal law will be sufficient grounds for the Department to refuse to issue any additional information on any other driver that the company may request. This administrative action by the Department will not be deemed to supersede any other sanctions prescribed by law, including, but not limited to, 1975 Ga. Laws, pp. 1021, 1022 (section 215 © of Georgia Code Title 68B), providing for twelve (12) months in prison or a fine of \$1,000.00 or both for violating rules and regulations concerning motor vehicle reports.

The Department of Driver Services has the right to check all records, files, reports, or any other materials deemed necessary to verify that the company filing this certificate has abided by all terms of the certificate and has not violated any rule of the Department of Driver Services, provision of the Fair Credit Reporting Act, the surety bond agreement, or any other applicable state or federal law, for the purpose of verifying information contained in the application package.

The burden of showing compliance with the provisions of this certificate is at all times on the company filing this certificate. Upon reasonable notice by the Department the company must be able to demonstrate such compliance.

Dated at _____ This _____ Date of _____, 20 _____.

Applicant _____

Type of Business _____

Address _____

Telephone _____

Email _____ Website _____

iiX Account Number _____

Signature of Person
Authorized to Sign Contract _____

Title _____



MARYLAND STATE FORM INSTRUCTIONS (Note - form is 2 pages in length)

The following information will assist you in completing the form to access MVRs in this state. Please note the state will return the form if not filled out per the below instructions.

- 1 Be sure to write your *Insurance Information Exchange* Account Number **on the upper right hand corner** of form.
- 2 Fill in your **agency/company** name on the first blank line provided in the first paragraph.
- 3 Fill in the day, month and year on the appropriate lines in the first paragraph.
- 4 Fill in your **agency/company** name on **ALL** blank lines in paragraphs #1,3,4,5,6 and 7. **Note the name must be the same in all name blanks.**
- 5 On second page please sign under the word **Purchaser** on the **right side of form**. Only a person who is authorized to execute contracts for your company should complete and sign this form. Please sign **in the presence of a witness**, and date the form on the line provided under your signature.

Since the state of Maryland will not accept the form when the signature is illegible, we request that **you print your name under the word Purchaser.**

- 6 The witness should then sign under "Witness" **on the left side of form** and date the form on the line provided. **Both dates must be the same.**

Mail or fax signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Freeway S.
College Station, TX 77845

Fax No. (979) 696-2497 or (979) 693-2907

E-Mail: VCortez@iix.com If e-mailed, signed document must be returned in PDF format

**STATE OF MARYLAND
DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION**

PRIVACY PROTECTION POLICY

In consideration of receiving personal information contained in Motor Vehicle Administration records, I HEREBY CERTIFY on behalf of _____ as its authorized agent this _____ day of _____, 200__, that

1. _____ understands that federal laws affect access to and use of computer information including, but not limited to, 15 U.S.C.A. § 278g-3 (Computer Security Act of 1987); 23 U.S.C.A. § 401 (National Driver Register Act); 5 U.S.C.A. § 552 (Freedom of Information Act); 5 U.S.C.A. § 552a (Privacy Act of 1974); 18 U.S.C.A. § 1001 (Computer Fraud and Abuse Act of 1986); 17 U.S.C.A. § 109 (Computer Software Rental Amendments Act of 1990); 15 U.S.C.A. § 1681 (Fair Credit Reporting Act); and, 18 U.S.C.A. §§ 2721 et seq. (Driver's Privacy Protection Act of 1994).
2. The Maryland Department of Transportation Office of Information Resources, its client agencies and their customers also adhere to state data processing security policies as set forth in Executive Order 01.01.1983.18 (Privacy and State Data System Security); Md. Code Ann., Crim. Law §8-606 (falsification of public records) and §7-302 (unauthorized access); Md. Code. Ann., State Gov't §§ 10-611, 10-616 and 10-626 (Maryland Public Information Act); Md. Code Ann. Transp. II §§ 12-111 to 12-113 (Motor Vehicle Administration Records); and, as published by the Secretary of the Department of Budget and Management from time to time under Md. Code Ann., State Fin. & Proc. § 3-403.
3. _____ and all employees agree to maintain in strictest confidence and not willfully disclose to any person, firm, or corporation information obtained as a result of their access to personal information from Motor Vehicle Records.
4. By signing this agreement, _____ warrants that the signator and all personnel are familiar with all provisions of the federal Driver Privacy Protection Act of 1994, 18 U.S.C.A. §§ 2721 et seq., and with §§ 10-611, 10-616, 10-626 of the State Government Article and §§ 12-111 through 12-113 of the Transportation Article, Annotated Code of Maryland, which limit access to personal information from public records in Maryland. Further, _____, in behalf of itself, its successors and assigns further agrees that all users will abide by the terms of both the federal and state law including, but not limited to, those restricting

access to personal information from Motor Vehicle Administration records only to those persons and for those purposes which are permitted under both laws.

5. _____ agrees to keep a record for five (5) years of all persons to whom information is redisclosed under this Agreement, and the purpose for which the information is to be used; and, to make that record available to the Motor Vehicle Administration upon request.
6. _____ shall be liable for, and shall indemnify, defend, and hold the Motor Vehicle Administration harmless for, any misuse or misappropriation of any personal information in a record obtained from the Administration in connection with this agreement.
7. _____ shall further indemnify the Motor Vehicle Administration for and against any and all losses, damages, judgments, liabilities or similar costs and expenses which arise in whole or part out of acts or omissions by _____ with respect to laws restricting access to and disclosure of vehicle records including, without limitation, reasonable attorneys fees and all other costs of defending against such action or claim.

IN WITNESS WHEREOF, the parties have caused these presents to be executed.

Maryland Department of Transportation
Motor Vehicle Administration

Witness:

By: _____

Date: _____

Date: _____

Purchaser

Witness:

By: _____

Date: _____

Date: _____

Approved as to form and legal sufficiency:

Date: _____

Assistant Attorney General



iiX NEVADA NAIC FORM

Insurance

iiX Account Number

In compliance with Nevada Administrative Code 485.175, the Nevada Department of Motor Vehicles (DMV) requires that all requests for driver records used for insurance purposes must contain an insurance carrier's National Association of Insurance Commissioners (NAIC) number. Agents/brokers who request Nevada Motor Vehicle Reports (MVRs) are required to provide iiX with the NAIC number of the insurance company where they intend to place the coverage.

iiX is not able to process Nevada MVRs without an appropriate NAIC number. For access to Nevada MVRs, please complete and return this form to iiX.

INSURANCE COMPANY - If you are an insurance company please complete this section.

To comply with this requirement, please provide iiX with your NAIC number. If your company holds more than one NAIC number, please provide the NAIC number for the carrier that you most utilize for Nevada business.

Name of Insurance Company

NAIC Number

Authorized Insurer Signature

Printed Name and Title

Telephone Number

INSURANCE AGENT/BROKER - If you are an insurance agent/broker please complete this section.

To comply with this requirement, please provide iiX with the NAIC number of the insurance company for which you will be primarily ordering MVRs. If you represent multiple insurance companies, provide the NAIC number for the company that you most utilize for Nevada business.

This NAIC number will be stored for you at iiX and provided to the Nevada DMV when you order driver records. Should you need to provide the NAIC number of another insurance company, you will have the ability to submit a different NAIC number at the time of your order.

Your Agency/Brokerage Name

Telephone Number

Name of Insurance Company

NAIC Number

Authorized Signature

Printed Name and Title

Please return the completed form:

By Fax: 979-696-2497

By Mail: Attn: iiX Government Relations
3011 Earl Rudder Fwy S.
College Station, TX 77845



NEW HAMPSHIRE STATE FORM INSTRUCTIONS (AUTO INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **auto insurance** purposes only.
 - **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
 - Fill out appropriate box for **Agency** or **Company** authorized to write automobile insurance. Be sure to include **NAIC** number (required by state). You can obtain this number from the Insurance company you represent.
 - Fill in your company's name on the first blank line provided in the first paragraph.
 - Fill in expiration year based on date of signature at bottom of page on second blank line in the first paragraph.
 - Fill in all blanks in **account information** fields completely.
 - Sign and date the forms in the fields provided.
 - Only a person who is authorized to execute contracts for your company should complete and sign this form.
-
- **Mail** or fax signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Fwy S.
College Station, TX 77845

Fax No. (979) 696-2497

1. **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
2. **COMPLETE & SIGN TO RECEIVE NEW HAMPSHIRE DRIVER RECORD INFORMATION.**
3. **FAX COMPLETED FORM TO:**
 979-696-2497
 ATTN: COMPLIANCE DEPT

Fold on dotted line before copying onto letterhead.

NEW HAMPSHIRE CERTIFICATE OF AUTHORITY FOR AGENTS

(Please Type or Print Information)

iiX ACCOUNT # _____

DATE: _____

Note: Account will not be setup without NAIC #

Agency

This will certify that _____ is a licensed agent of _____
(Agency Name)

_____ / _____ insurance company authorized to write
(Insurance Co.) (NAIC #) (If multiple attach list)

automobile insurance policies, pursuant to RSA 260:14,IV(a)(2)

OR

Company

This will certify that _____ is an insurance company authorized to
(Insurance Company) (NAIC #)

write **automobile insurance**, pursuant to RSA 260:14,IV(a)(2)

“**RSA 260:14,IV(a)(2)** Insurance companies authorized to write **automobile and personal excess liability insurance** policies, or by self-insured entities, or their authorized agents, for use in connection with claims investigation activities, anti-fraud activities, rating or underwriting.”

Further, Insurance Information Exchange is an authorized representative and agent of _____
(iiX Customer Name)

with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. This authorization is valid until _____, unless revoked prior to that time and written notification by Insurance Information Exchange (Expires one year after date of signature)

or by the agency is sent to the Division of Motor Vehicles of same. Reports obtained may not be used for any purpose other than the one it was ordered for, nor may the information be passed on to a third party verbally or written.

I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

“**RSA 260:14, IX(a)** A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.”

 Signature of Director, Principal
 or Owner of Ins. Co. or Agency

DATE

 Email Address

 Printed Name

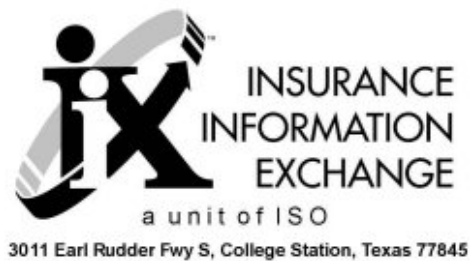
 Address

 Title of Signatory

 City, State, Zip Code

 Name of Company or Agency

 Phone Number Fax Number



NEW HAMPSHIRE STATE FORM INSTRUCTIONS (LIFE INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **life insurance** purposes only.
 - **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
 - Be sure to include your *Insurance Information Exchange* Account Number.
 - Fill out appropriate box for **Agency** or **Company** authorized to write life insurance policies. Be sure to include **NAIC** number (required by state). You can obtain this number from the insurance company you represent.
 - Fill in your company's name on the first blank line provided in the first paragraph.
 - Fill in expiration year based on date of signature at bottom of page on second blank line in the first paragraph.
 - Fill in all blanks in **account information** fields completely.
 - Sign and date the forms in the fields provided.
 - Only a person who is authorized to execute contracts for your company should complete and sign this form.
-
- **Mail** (cannot be faxed) signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Freeway S.
College Station, TX 77845

1. THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.
2. COMPLETE & SIGN TO RECEIVE NEW HAMPSHIRE DRIVER RECORD INFORMATION.
3. MAIL COMPLETED FORM TO:
INSURANCE INFORMATION EXCHANGE
3011 EARL RUDDER FWY S.
COLLEGE STATION, TX 77845
ATTN: COMPLIANCE DEPT

-----Fold on dotted line before copying onto letterhead-----

**NEW HAMPSHIRE CERTIFICATE OF AUTHORITY FOR
LIFE INSURANCE
(Please Type or Print Information)**

iiX ACCOUNT # _____

DATE: _____

Note: Account will not be setup without NAIC #

Agency	This will certify that _____ is a licensed agent of _____ <small>(Agency Name)</small> _____ / _____ insurance company authorized to write <small>(Insurance Co.) (NAIC #) (If multiple attach list)</small> life insurance policies, pursuant to RSA 260:14, V(a)(10)
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OR

Company	This will certify that _____ is an insurance company authorized to <small>(Insurance Company) (NAIC #)</small> write life insurance policies, pursuant to RSA 260:14, V(a)(10)
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“**RSA 260:14,V(a)(10)** For use by life insurance companies authorized to write **life insurance** policies, or their authorized agents, on a case-by-case basis, in connection with claims investigation, rating, and underwriting, provided that the insurance company has provided written notice to the named person that the person’s motor vehicle records will be accessed.

Further, Insurance Information Exchange is an authorized representative and agent of _____
(iiX Customer Name)

with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. This authorization is valid until _____, unless revoked prior to that time and written notification by Insurance Information Exchange (Expires one year after date of signature)

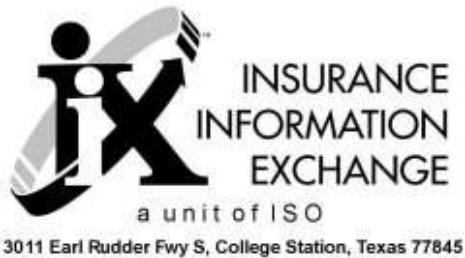
or by the agency is sent to the Division of Motor Vehicles of same. Reports obtained may not be used for any purpose other than the one it was ordered for, nor may the information be passed on to a third party verbally or written.

I have read RSA 260:14 and I understand the limitations placed on the use of information received from the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

“**RSA 260:14, IX(a)** A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.”

Name of Company or Agency	Email Address
Printed Name	Address
Title of Signatory	City, State, Zip Code
Signature of Director, Principal or Owner of Insurance Company or Agency	<div style="display: flex; justify-content: space-between;"> Phone Number Fax Number </div>



OHIO STATE FORM INSTRUCTIONS (INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **insurance** purposes only.
 - Be sure to include your *Insurance Information Exchange* Account Number.
 - Fill in the following blocks in **Part A**: Name, address, city, state, zip code, company, and telephone number.
 - Sign where indicated and fill in the date in **Part A**.
 - iiX customers are **not** required to fill out **Part B**.
 - Sign and date **Part C**.
 - Only a person who is authorized to execute contracts for your company should complete and sign this form.
-
- Mail or fax signed form to:

Insurance Information Exchange
Attn: Compliance Department
3011 Earl Rudder Freeway S.
College Station, TX 77845

Fax No. (979) 696-2497



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
OBMV RECORD REQUEST

For Insurance Purposes

(R.C. 149.43, 4501.15, 4501.27, AND 4507.53)

iiX Acct Number: _____

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is REQUIRED. **FAILURE** to provide any information will result in this form not being processed.

► **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.

Other: (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

► **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

- Driving Record [302] (\$2.00) Title Owner/Lien holder information [304] (\$2.00)
- Vehicle Registration Record [303] (\$2.00) Certified Owner/Lien holder information [304] (\$4.00)
- Last Known Address [405] (\$2.00) Copy of Driver License Application [405] (\$5.00)

Make check or money order payable to: Treasurer, State of Ohio

PART A: Please provide information regarding yourself:		NOTE: SIGNATURE REQUIRED	
YOUR NAME (REQUESTER)	DATE OF BIRTH N/A	SIGNATURE	DATE
CURRENT STREET ADDRESS	CITY	STATE	ZIP
COMPANY (IF APPLICABLE)	BMV ACCOUNT NUMBER (IF APPLICABLE) N/A		
SOCIAL SECURITY NUMBER N/A	DRIVER LICENSE NUMBER N/A	LICENSE PLATE NUMBER N/A	
VEHICLE IDENTIFICATION NUMBER N/A	TITLE NUMBER N/A	TELEPHONE NUMBER/FAX NUMBER	

PART B; Request regarding other person(s):			
PERSON'S NAME			DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP CODE
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER	LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER		

If requesting information on more than 1 person or vehicle, attach additional sheet(s).

Additional sheet(s) attached

Make check or money order payable to **Treasurer, State of Ohio**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: Record Request, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be mailed to requestor.**

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an **individual**. (Complete **Part A**, front)
2. ____ A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
My tax identification number is: _____ **My vendor number is:** _____
My professional license number is: _____ **Licensed by (agency):** _____
3. ____ With written consent. (Complete **Parts A and B**, front).
4. ____ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;
5. ____ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions; (a law enforcement agency does not need to fill out this form);
6. ____ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, **recalls**, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers;
7. ____ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order; (a subpoena or other court order may be used instead of this form);
8. ____ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state; (a subpoena or other court order may be used instead of this form);
9. ____ Records for use **in research** activities or in producing statistical reports, where the personal information will not be published, redisclosed or used to contact an individual;
10. **X** Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting;
11. ____ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle;
12. ____ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; my license number is: _____;
13. **X** A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a **commercial driver license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986," 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended;
14. ____ A record for use in connection with the operation of a **private toll transportation facility**;
15. ____ A record for any other use **specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety**;
16. ____ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act," 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act," 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**," 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992," 106 Stat. 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act," 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers.

I understand that if I receive personal information under number 2, 3, or 5-16 of this form, I may **resell or redisclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisclose** any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE

DATE

Pennsylvania Department of Transportation
Information Sales Unit
Affidavit of Intended Use

(See Reverse Side for Instructions)

Business Type:

- Individual
- Partnership
- Corporation
- Non-Profit

iiX Account # _____

Legal Business Name: _____

D/B/A Name(if applicable): _____

Person Responsible: Name _____ Title _____

Street Address: _____ P.O. Box: _____

City _____ State _____ Zip _____

Business Telephone: (____) _____ Fax No.: (____) _____

E-mail: _____ Web Site Address: _____

Federal Employer ID No. _____ If Corporation, Date & State of Incorporation: _____

Year Business Established _____ Dun & Bradstreet # _____ NAIC # _____ (if applicable)

Licensing Information: Cert. of Insurance/Authority # _____ State _____ Expires _____
 (List & attach copy with affidavit.) Agency or Brokerage License # _____ State _____ Expires _____
 Agent or Broker License # _____ State _____ Expires _____

Location of Records: For departmental on-site inspection, audit and review purposes. Check here, if address is same as above.
 Street Address _____, City _____, State _____ Zip: _____

Ownership: List below individual, each partner, or each corporate officer participating in the direction, control or management of the business. Attach list if needed.

Name (Last, First, MI)	Title	Date of Birth (MM/DD/YYYY)	STATE Driver Lic Issued	Day-time Phone Number
1.				
2.				
3.				

Please initial each statement below and sign at the bottom of the form.

- _____ 1. I swear and affirm that any requested information will be used for legitimate insurance business only.
- _____ 2. I swear and affirm that I understand the driver record is confidential and restricted information and I will establish procedures to protect the confidentiality of these records.
- _____ 3. I swear and affirm that I will not request driver information from the Department for personal reasons. (Examples of inappropriate access or misuse of Department information include, but are not limited to: making personal inquiries on my own record or those of my relatives; accessing information about another person, including locating their residence address, for any reason that is not related to my job responsibilities.)
- _____ 4. I swear and affirm that the information obtained from the Department shall not be sold, assigned or otherwise transferred to any other party. I understand that nothing in this affidavit shall be interpreted to restrict an insurance company from providing the information to its exclusive licensed insurance agents or an insurance agent from providing the information to an insurance company for legitimate insurance business.
- _____ 5. I swear and affirm that I understand that the Department retains exclusive ownership of all driver record information provided and no record shall be combined and/or linked in with any other data on any database except as is necessary to conduct legitimate insurance business or as may be required by law.
- _____ 6. I swear and affirm that the information obtained from the Department will not be used for direct mail advertising or any other type or types of mail or mailings.
- _____ 7. I swear and affirm that I will not disseminate or publish on the Internet the personal information obtained from the Department or allow any other person to disseminate or publish the personal information on the Internet without the express written permission of the Department.
- _____ 8. I swear and affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or a term of imprisonment of not more than two years, or both.

Subscribed and Sworn to Before Me:
 Month _____ Day _____ Year _____

 Signature of Person Administering Oath
 S
E
A
L
 SIGN IN PRESENCE OF NOTARY

I swear and affirm that the statements made herein are true and correct.

Signature _____ Date _____

Title _____

Instructions for completing the Affidavit of Intended Use

1. The affidavit must be completed and signed by a member of your agency or firm who has the authority to certify the agency or firm's compliance.
2. **Please complete each line on the form in its entirety to avoid delays in processing your affidavit. If requested information does not apply to your business insert N/A (not-applicable) on that line. *An incomplete document will require that it be returned to sender for completion, delaying the approval process.***
3. List all state Licensing Information on the affidavit that allows you to engage in the insurance business, and **attach a copy of your insurance certificate(s) and/or license(s).**
4. The person responsible for completing the affidavit **must initial each of the eight (8) declaration statements, then sign and date the form in the presence of a Notary.**
5. The completed and notarized affidavit must be **mailed** to iiX at the address shown below. Once received by iiX, the affidavit will be forwarded to PENNDOT for approval.
6. You are required to complete, notarize and file a new Affidavit of Intended Use whenever information about your company changes. (name, address, ownership, telephone, website, etc.)



Insurance Information Exchange
Attention: Compliance Dept.
3011 Earl Rudder Freeway South
College Station, Texas 77845



INFORMATION USE ACKNOWLEDGEMENT INSURANCE

WHEREAS, the Commonwealth of Virginia, Department of Motor Vehicles, may under existing statutes furnish an abstract of a driver's record as maintained by said office for the purpose detailed in Va. Code §46.2-208 (B) (5), which limits the release of such abstract to an insurance carrier, surety, or representative of an insurance carrier or surety;

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned agrees to indemnify and hold harmless Insurance Information Exchange, a unit of ISO Claims Services Inc. ("iiX) and the Commonwealth of Virginia for any liabilities and/or damages caused by virtue of the undersigned's breach of this agreement or the laws of the Commonwealth of Virginia.
2. That the reports your company obtains from iiX may not be offered for sale over the internet, sent via email or provided to a third party, except from an insurance agency to an insurance company during the underwriting or renewal process.
3. When a report is ordered, you will not pass this information to a third party either in verbal or written form. This is due to F.C.R.A. regulations that prohibit a person from obtaining a consumer report from a consumer reporting agency (CRA) unless the person has certified to the CRA the permissible purpose for which the report is being obtained and certifies that the report will not be used for any other purpose.
4. That you will not provide the report to the consumer directly, **unless** you have taken an adverse action against the consumer, such as denial of insurance. In the instance of an adverse action, you must provide a copy of the MVR along with a copy of the consumer's rights under FCRA (available on our website at www.iiX.com, forms/information section) and provide them with iiX's toll free phone number (as the consumer reporting agency). The consumer may request a free copy of the report, in the case of an adverse action, from iiX.
5. That iiX will conduct random audits to ensure compliance measures are maintained.

Federal Laws regarding appropriate uses of MVR are available on our website at www.iiX.com/fcra-dppa/.

I have read and understand the above requirements.

Company or Organization

Signature

Address

Date

City, State

iiX Account ID(s)