

DRIVER'S CONSENT FORM

Date: _____

I, _____, understand that the Insurance Company which insures _____, ("Employer") or agent or RelMark will obtain copies of my driving records from various state departments of motor vehicles for purposes of underwriting insurance, adjusting claims and other purposes related to such insurance. I hereby consent to the Agent, RelMark or Company releasing such information to Employer. This consent shall be a continuing consent throughout the period during which I am an applicant for employment with, or an employee of Employer.

Name as on License: _____

License Number: _____ State: _____ Date of Birth: _____

Signature