

(Date)

(Company Name of Employer)

(Street Address)

(City, State, Zip Code)

Dear (Company Name of Employer):

A Motor Vehicle Report may be obtained as part of the (Company Name of Employer) evaluation of my job application and/or employment. The report may be procured by The Cornerstone Insurance Group, LLC and may include my driving record for use as an assessment of my insurability under the Company's insurance coverage. By signing this disclosure, I hereby authorize the Company to procure such report about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

(Signature of Job Applicant / Employee)

(Typed Name of Job Applicant / Employee)

(Employee Street Address)

(City, State, Zip Code)

License Number and State License In