

CANDIDATE’S AUTHORIZATION FOR CHECK OF DRIVING RECORD

I hereby authorize _____, the Company, to provide Cincinnati Insurance Company (CIC) with a copy of my driver’s license or my driver’s license information for the purpose of determining eligibility for inclusion for coverage in the Company policy which insures risk related to operation of motor vehicles.

I understand that CIC will provide to the Company only a positive response (approved) or a negative response (declined) and that CIC will provide no details regarding my driving record to the Company.

I understand that if I wish to obtain the details of the results of the driving records check, such request shall be made to the department of motor vehicles in the licensing state.

I further understand that an approval is not a guarantee of employment. However, if CIC denies approval, I may be ineligible for employment in certain positions within the Company.

(Applicant’s Signature)

(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

For Company Use:

Place Candidate’s Driver’s License below and photocopy with signed authorization.
Submit to Cincinnati Insurance.

Cincinnati Response: Approved ____ Denied ____

Initial and Date _____

<p>Attach Copy of Driver’s License to Form – OR - Enter Driver’s License Information Below:</p> <p>Name: _____ <i>(as it appears on license)</i></p> <p>State: _____</p> <p>Driver’s License Number: _____</p> <p>Expires: _____</p>
