

This document should not be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. IntelliCorp expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

Disclosure Regarding Background Check

Holmes Murphy & Associates ("the Company") may obtain information about you from a third-party consumer reporting agency for insurance underwriting purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355;** www.intellicorp.net.

Signature: _____

Date: _____

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Authorization to Obtain Motor Vehicle Record

In connection with the agreement between Holmes Murphy & Associates, LLC, (HMA), an insurance agent of Pi Kappa Phi Fraternity,

I hereby authorize procurement of the Motor Vehicle Report for the individual identified below for insurance underwriting purposes only. I understand that a motor vehicle record, which contains public record information, is being requested. I further understand that such report(s) will contain personal information and public record information concerning the driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information. I understand this report will not be released to unauthorized personnel and will remain on file with HMA.

This authorization shall remain on file and shall serve as ongoing authorization for the procurement of such reports at any time as requested and authorized by requestor, the insurer, and/or its agents. **The commercial auto insurer and agent will use this information in conjunction with underwriting, loss control and safety review efforts. I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Holmes Murphy or its agent.**

Full Legal Name (include middle initial)

Date of Birth

Driver's License Number

State of Issuance

Driver's License Expiration Date

Name of Greek Organization

Date

Authorized Printed Name

Authorized Signature