

MINNESOTA CONSUMER INFORMATION AUTHORIZATION

**Assured Protection Inc.
5671 Geneva Ave N
Oakdale, MN 55128
Phone # 651-779-7000
Fax # 651-779-0921**

Employee/Applicant Name

First Name	Middle Initial	Last Name
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Drivers License Number	State
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Marital Status	Birth Date	Male or Female
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Name of Company You Work or Volunteer For

Authorization

I authorize you or any consumer reporting agency to check and obtain my driving record and to release this information to any insurance company that may require such information as part of my employer's requirement to obtain or maintain automobile insurance through your agency. I understand that this information may be obtained from third parties, such as consumer reporting agencies. I also understand and authorize you and any insurance company you represent that you may need to share with my employer my driving record. If you should find any information that adversely affects my ability to drive any vehicles for my employer, I understand that you will notify my employer and that I will have the opportunity to have any inaccuracies corrected.

I agree that this authorization shall be valid for non-public information for the entire period that my employer is insured through your agency.

Employee/Applicant Signature

Date