

**AUTHORIZATION TO OBTAIN**  
**MOTOR VEHICLE REPORT**

The person whose signature appears below hereby authorizes the personnel of **The Insured / Arthur J Gallagher** permission to order a Motor Vehicle Report (MVR) for purposes relating to automobile insurance. Such MVR may be shared with relevant insurance company personnel as deemed appropriate.

Insured: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Choose One:                      Employee                      Volunteer

**Personal Insurance Information:**

*This section is needed for drivers who desire to use their personal vehicles for any organization errands or transportation needs. Driver must submit evidence of insurance for each personal vehicle, demonstrating a liability limit of at least \$300,000 Combined Single Limit (300 CSL) or \$100,000 per person / \$300,000 per accident.*

Company: \_\_\_\_\_

Liability Limit: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please return this form ONLY to: