

AUTHORIZATION TO RELEASE MOTOR VEHICLE REPORT

I, _____.(DRIVER’S NAME) authorize CHEMPLAN to release my motor vehicle report obtained from the state department of motor vehicles to my employer,_____.

I understand that motor vehicle reports are obtained by CHEMPLAN from time to time as part of underwriting my employer’s commercial automobile insurance program.

This release will remain in effect until it is revoked. I understand that if I want to obtain a copy of the report, I may request one directly from the state department of motor vehicles.

Name (printed)

Signature

Date