



MVR REQUEST FORM/FCRA DISCLOSURE/AUTHORIZATION FORM

Company (ies) Requesting Motor Vehicle Record

DRIVER INFORMATION

The Gate House
649 East Main Street
Lititz, PA 17543

and

H.G.I.D, Inc. t/a Horst Insurance
320 Granite Run Drive, PO Box 3320
Lancaster, PA 17604
and its agents, officers and employees

Table with 2 columns and 4 rows: NAME, LICENSE#, STATE, DATE OF BIRTH

FAIR CREDIT REPORTING ACT: DISCLOSURE/AUTHORIZATION

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used to determine insurance eligibility and for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company(ies) to obtain a consumer report about me for its use related to determining insurance eligibility and for employment purposes. I, the undersigned, also acknowledge that H.G.I.D., Inc. t/a Horst Insurance is authorized to request a Motor Vehicle Record (MVR) report about me and that they are authorized to evaluate the MVR against a Driver Acceptability Matrix and release the results of the evaluation to the company(ies) referenced above that I am either already employed by or requesting employment of. I, the undersigned, agree to hold harmless H.G.I.D., Inc. t/a Horst Insurance, from any and all liability in connection with their acquisition, interpretation, use of or recommendation regarding the information contained in my Motor Vehicle Record (MVR).

Signature

Printed Name

Date