PRIVACY RELEASE

I, _____, an applicant for insurance with the Social Service Contractor's Indemnity Pool (SSCIP), hereby consent to a review of my driving record with the Motor Vehicle Division for the purpose of determining my eligibility for coverage and for performing an evaluation of the premium due for that coverage. I understand and agree that any authorized agent or representative of SSCIP may obtain a copy of that driving record through the Motor Vehicle Division or by other means for those purposes.

To the extent that this review of my driving record is an invasion of my privacy rights, I waive those rights for the purposes of evaluation of my insurance application.

_____ Dated

_____ Signature

_____ Printed Name

_____ Employer