

DRIVING DATA RELEASE FORM

COMPLETE ONLY IF A LOANER VEHICLE IS NEEDED

Driver 1:

I, _____, hereby give Jacobs authorization to review my past traffic violations /accidents and provide said data to the vehicle insurance carrier.

Driver's License Number _____ Year you first obtained your driver's license _____

Name as it appears on your driver's license _____ (please print)

State in which driver's license was issued _____ Date of Birth Month _____ Day _____ Year _____

Name (First) _____ (Middle) _____ (Last) _____

Signature _____ Date _____

Driver 2:

I, _____, hereby give Jacobs authorization to review my past traffic violations /accidents and provide said data to the vehicle insurance carrier.

Driver's License Number _____ Year you first obtained your driver's license _____

Name as it appears on your driver's license _____, (please print)

State in which driver's license was issued _____ Date of Birth Month _____ Day _____ Year _____

Name (First) _____ (Middle) _____ (Last) _____

Signature _____ Date _____

PLEASE RETURN WITH REPLY FORM

(IF MORE THAN TWO DRIVERS, PLEASE LIST INFORMATION ON BACK)