



A-PLUS, Consumer Inquiry Center
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 Telephone: 800-709-8842
 Fax Number: 800-955-2422
 FCRA-NPC@verisk.com

PERSONAL AUTO REQUEST FOR DISCLOSURE

I hereby request that the information contained in my file be disclosed to me by (check all that applies):

Mail Fax (provide fax number): _____

Please select <u>one</u> : <input type="checkbox"/> Receive a copy of my A-PLUS loss history report. <input type="checkbox"/> Please investigate my claims dispute filed with A-Plus

To properly establish and confirm my (our) identification, the following information is provided: **(PLEASE PRINT CLEARLY)**

Your Name: _____

Date of Birth: ____/____/____ **Social Security Number:** _____

Drivers License #: _____ **State** _____

2nd Insured Name: _____

Date of Birth: ____/____/____ **Social Security Number:** _____

2nd Insured's Drivers License #: _____ **State** _____

Telephone Number: (Home) _____

Current Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Previous Address (within 5 years): _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Current Vehicle Identification Number

VIN #: _____ **Vehicle Make:** _____ **Model:** _____

VIN #: _____ **Vehicle Make:** _____ **Model:** _____

The information on this form will be used to search the A-PLUS Auto database for any records pertaining to your loss history. To ensure accuracy in identifying your records, our organization will produce all documents on which your name appears in conjunction with the information supplied by you. The report will include information for a period of up to five (5) years before the date of the search.

I am the person named above and I understand that federal law provides that a person who obtains information from Verisk Insurance Solution-Underwriting under false pretenses may be fined not more than \$5,000 or imprisoned not more than one year or both. I understand that if Verisk Insurance Solution-Underwriting is unable to establish proper identification; it will be obliged to decline my request for disclosure of information.

I understand that I have the right to dispute the accuracy of any information in my file and that unless such dispute is deemed to be frivolous by Verisk Insurance Solution-Underwriting. Verisk Insurance Solution-Underwriting has an obligation to reinvestigate any such disputed information.

1st Insured Signature: _____

(Your signature is required on this form prior to receiving an A-PLUS Auto Report - without exception.) Date

2nd Insured Signature: _____

(Your signature is required on this form prior to receiving an A-PLUS Auto Report - without exception.) Date