

# MVR Request Form

Return to [info@kielyhines.com](mailto:info@kielyhines.com) or f) 502-897-1533

Named Insured \_\_\_\_\_ Client Code \_\_\_\_\_

This form gives permission to Employer/Employer's Auto insurer to obtain  
Motor Vehicle Records

I hereby authorize my Employer or his, her, it's Auto/Fleet Liability Insurance Agent (Kiely Hines & Associates Ins. Agency, Inc.) or Company to request from the Department of Transportation my driving record as it may be from time to time in Frankfort, Kentucky or in any other state in which I have been or am licensed as a driver including my Commercial Drivers License records (if Applicable)

**I have been informed that a Motor Vehicle Record for all drivers is necessary to underwrite the Commercial Auto Liability of my employer**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (PRINT): \_\_\_\_\_

Years Experience Driving "SIMILAR" Equipment \_\_\_\_\_ Required for "LIMOS" Only

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License Number: \_\_\_\_\_

CDL License Number: \_\_\_\_\_

State Licensed \_\_\_\_\_

**IMPORTANT: There will be no coverage for this Driver until the company reviews the MVR and gives notification that driver is acceptable.**

\_\_\_ ADD DRIVER effective date below if company approves MVR & Driver

\_\_\_ Notify Me BEFORE Adding Driver – I will Advise if/when Hired in writing

\_\_\_\_\_  
Effective Date \_\_\_\_\_ Insured

**RETURN TO: Kiely Hines  
FAX: 502-897-1533**