

Disclosure Request Form

Pursuant to my rights under federal law, I request that a clear and accurate disclosure be made to me of all information you have in your files about me. I also request disclosure of the sources of such information, and the names of all recipients of any consumer reports on me furnished by Explore Information Services within the limits prescribed by law.

To obtain a copy of my consumer report, which was requested through Explore Information Services, the following information is supplied for identification purposes only. It is my understanding that Explore Information Services will mail me a copy of my report, upon receiving my completed **Disclosure Request**.

PLEASE PROVIDE THE INFORMATION ABOUT **AND** SIGNATURE OF EACH DRIVER AFFECTED

All information below is required in order to process your request. (PLEASE PRINT CLEARLY)

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| DRIVER #1 |
| Full Name: _____ |
| Date of Birth: _____ |
| Current Address, City, State & Zip (no PO boxes): _____ _____ |
| Previous Address (if you have lived at the above for less than 2 years): _____ _____ |
| Daytime Phone: (____) _____ |
| Driver's License #: _____ |
| Insurance Company: _____ |
| Ins. Policy Number: _____ |
| Check here if this is regarding your Homeowner's policy: <input type="checkbox"/> |
| Check here if this is regarding your Automobile policy: <input type="checkbox"/> |
| Signature (Signature of legal guardian if under 18) _____ |
| Date _____ |

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| DRIVER #2 |
| Full Name: _____ |
| Date of Birth: _____ |
| Current Address, City, State & Zip (no PO boxes): _____ _____ |
| Previous Address (if you have lived at the above for less than 2 years): _____ _____ |
| Daytime Phone: (____) _____ |
| Driver's License #: _____ |
| Insurance Company: _____ |
| Ins. Policy Number: _____ |
| Check here if this is regarding your Homeowner's policy: <input type="checkbox"/> |
| Check here if this is regarding your Automobile policy: <input type="checkbox"/> |
| Signature (Signature of legal guardian if under 18) _____ |
| Date _____ |

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| DRIVER #3 |
| Full Name: _____ |
| Date of Birth: _____ |
| Current Address, City, State & Zip (no PO boxes): _____ _____ |
| Previous Address (if you have lived at the above for less than 2 years): _____ _____ |
| Daytime Phone: (____) _____ |
| Driver's License #: _____ |
| Insurance Company: _____ |
| Ins. Policy Number: _____ |
| Check here if this is regarding your Homeowner's policy: <input type="checkbox"/> |
| Check here if this is regarding your Automobile policy: <input type="checkbox"/> |
| Signature (Signature of legal guardian if under 18) _____ |
| Date _____ |

This form can also be faxed to: 720-962-4428