

Disclosure Request Form - Adverse Action

Pursuant to my rights under federal law (including the Fair Credit Reporting Act ("FCRA")), 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, LLC within the limits prescribed by law. I understand my report may include information from my file relating to my past or present employer(s) monitoring my driving behavior relating to employment, if I have consented to such monitoring in the past.

To obtain a copy of my/our consumer or FCRA report, which was requested through Explore Information Services, LLC, the following information is supplied for identification purposes only. It is my/our understanding that Explore Information Services, LLC will send me/us a copy of my/our report, upon receiving this completed **Disclosure Request Form**.

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)

DRIVER #1	DRIVER #2
Full Name: _____	Full Name: _____
Date of Birth ____ - ____ - _____	Date of Birth: ____ - ____ - _____
Current Address, City, State & Zip (no PO boxes): _____ _____	Current Address, City, State & Zip (no PO boxes): _____ _____
Previous Address (if you have lived at the above for less than 2 years): _____ _____	Previous Address (if you have lived at the above for less than 2 years): _____ _____
Daytime Phone: (_____) _____	Daytime Phone: (_____) _____
*Email Address: _____	*Email Address: _____
Driver's License #: _____	Driver's License #: _____
Insurance Company: _____	Insurance Company: _____
Ins. Policy Number: _____	Ins. Policy Number: _____
Employer Name and Address: _____ _____	Employer Name and Address: _____ _____
Check here if this is regarding your Homeowner's policy: ☐	Check here if this is regarding your Homeowner's policy: ☐
Check here if this is regarding your Automobile policy: ☐	Check here if this is regarding your Automobile policy: ☐
Check here if this is regarding your Life Insurance Policy: ☐	Check here if this is regarding your Life Insurance Policy: ☐
Check here if this is regarding your Employment: ☐	Check here if this is regarding your Employment: ☐
Signature _____ (Signature of legal guardian if under 18)	Signature _____ (Signature of legal guardian if under 18)
Date _____	Date _____

**By providing your email address you are agreeing to receive all communications from Explore, related to your request, via email.*

Completed forms can be mailed or e-mailed to:

Explore Information Services, LLC, P.O. Box 21636, St. Paul, MN 55121 or E-Mail: explore.info@exploredata.com

v.09.25.2025