

Safety Holdings, Inc. Consumer Report Request Form

I am requesting a copy of my Consumer Report.

By submitting your Safety Holdings, Inc. Consumer Report Request Form to Safety Holdings, Inc., you are certifying to Safety Holdings, Inc. that: (i) you are the individual consumer whose information you are requesting; (ii) the personal and contact information you provide is complete and accurate to the best of your knowledge; and (iii) you understand that you may contact Safety Holdings, Inc. Compliance Department at any time to ask questions about the Safety Holdings, Inc. Consumer Report Request Form.

You will receive the most recent version (if any) of your motor vehicle record (MVR) and the identification of any entities to which an MVR report was provided during the two years preceding your request unless you attach to this form a separate signed request stating that you instead: 'request a copy of your full file from Safety Holdings, Inc.'

PLEASE NOTE THAT SUBMITTING MORE THAN ONE REQUEST WILL DELAY THE PROCESS.

| | | | |
|-------------------------|--------------|--|---------------|
| First & Middle Name | Last Name | | Date of Birth |
| | | | |
| Driver's License Number | State Issued | Phone Number | |
| | | | |
| Mailing Address | City | State | Zip |
| | | | |
| Email Address | | Name of Employer or Insurance Company who ordered your Consumer Report | |
| | | | |

I give you permission to reply via secure email Y
(if box is not checked, the reply will be sent to you via US Mail)

initial

A photocopy of my valid Driver's License is attached as proof of my identity.

Signature: _____ **Date:** _____

A clear image of your driver's license or passport MUST be uploaded for us to proceed with your request.

ALL REQUESTS ARE ANSWERED IN THE ORDER THAT THEY ARE RECEIVED.