

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.