



Individual Disclosure and Authorization for Consumer Reports

Note: This form is used for an individual State & Federal Criminal History

For use in Arkansas, Florida, Georgia, Kentucky, Maine, North Carolina, Ohio and West Virginia

DISCLOSURE

In connection with your request for an appointment with **Liberty Mutual Group**, including but not limited to Liberty Mutual Insurance Company on the behalf of its insurer affiliates marketing under the companies of Liberty Mutual Agency Corporation (hereafter referred to as **Company**), a consumer report or an investigative consumer report may be requested during the application process and if appointed, during your continued appointment with the Company. **This report will contain information on your individual credit and financial history as well as your individual state and federal criminal court history.** This notice is issued pursuant to the Fair Credit Reporting Act. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that I have the right to know if adverse action is being considered against me as a result of information contained in this report; that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, **Applicant Insight**, at 5396 School Road, New Port Richey, FL 34652, toll free (800) 771-7703. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

AUTHORIZATION / RELEASE OF INFORMATION

I have carefully read and understand the above disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by the Company or Applicant Insight, acting on behalf of Company, to furnish information about my credit and financial history as well as my state and federal criminal history. I understand information may be obtained from state, federal or local agencies, and public record or law enforcement agencies. I understand this authorization to release information includes, but is not limited to, matters of opinion relating to my character, ability, reputation, past performance and criminal record. I further authorize ongoing procurement of these reports at any time during my continued contract for services, unless specifically prohibited by state law. I voluntarily waive all recourse and release the above sources and firms, including the Company, from liability for complying with this authorization.

I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

Individual Name _____

(Please Print)

Signature _____ Date _____

IDENTIFICATION INFORMATION FOR CONSUMER REPORTING AGENCY

Date of Birth _____ Other Name(s) Used in Past 6 Years _____

Soc. Sec. # _____ NPN# (National Producer Number) _____

Individuals: (List all addresses during the past 6 years) and your business (agency) name:

Current Residence Address _____
(street) (city) (state) (zip) (dates)

Previous Address _____
(street) (city) (state) (zip) (dates)

Business Name _____

Business Address _____
(street) (city) (state) (zip) (dates)