

Disclosure Request Form- Adverse Action

Pursuant to my rights under federal and state 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, 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 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 mail 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

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: _____

Employer Name and Address: _____

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 employment:

Signature _____ Date _____
 (Signature of legal guardian if under 18)

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: _____

Employer Name and Address: _____

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 employment:

Signature _____ Date _____
 (Signature of legal guardian if under 18)

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: _____

Employer Name and Address: _____

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 employment:

Signature _____ Date _____
 (Signature of legal guardian if under 18)

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