



UNITED AUTOMOBILE INSURANCE COMPANY

BACKGROUND INVESTIGATION CONSENT

I, _____ hereby authorize United Automobile Insurance Company and/or its agent to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release United Automobile Insurance Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from, any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name Printed

Maiden Name or Other Names Used

Present Address

How Long?

City/State

ZIP

Former Address

How Long?

City/State

ZIP

*Date of Birth

Social Security #

Driver's License #

State of License

*This information is required for identification only.

Signature

Date