

# Insurance Company Driving Record Release

DATE: \_\_\_\_\_

TO:

P.A. Post Agency, LLC  
One International Blvd, Ste 405  
Mahwah, NJ 07495

In connection with any application made by me, I understand that investigative background inquiries will be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to A GOFF LIMO.COM LLC (insured) to obtain such information from P.A. Post Agency, LLC and/or any of their vendors or agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Name: \_\_\_\_\_  
Last First Middle

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_