

MVR Corporate account request form

Mail or Fax To:
Quotepro, Inc.
820 North Orleans
Suite 400
Chicago, IL 60610

Phone (312) 654-8045

Fax (312) 654-1285

General Information

Please complete all

Company Name

Address

City

State

Zip

Phone

Fax

E-Mail Address

Contact Person

Business type

User Name

Temporary Password

You may change this password once account is activated

Business Type

Please select one

Insurance Agency (MGA, Broker)

Insurance Company

Transportation (Delivery/Trucking)

Investigations

(Private Investigators, Attorneys)

Other (please describe) _____

We Order MVRs for the purpose of

Select all that apply.

Underwriting an insurance policy.

You are the recipient

You are a reseller

Employment

You are the recipient

You are a reseller

Other reason

Specify _____

Accounts must have a permissible purpose to order MVRs. Permissible use is stated as follows:

FCRA section number (§§ 604. Permissible purposes of consumer reports [15 U.S.C. § 1681b])

(a) In general. Subject to subsection (c), any consumer reporting agency may furnish a consumer report under the following circumstances and no other:

(1) In response to the order of a court having jurisdiction to issue such an order, or a subpoena issued in connection with proceedings before a Federal grand jury.

(2) In accordance with the written instructions of the consumer to whom it relates.

(3) To a person which it has reason to believe

(A) intends to use the information in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; or

(B) intends to use the information for employment purposes; or

(C) intends to use the information in connection with the underwriting of insurance involving the consumer; or

(D) intends to use the information in connection with a determination of the consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status; or

(E) intends to use the information, as a potential investor or servicer, or current insurer, in connection with a valuation of, or an assessment of the credit or prepayment risks associated with, an existing credit obligation; or

(F) otherwise has a legitimate business need for the information

(i) in connection with a business transaction that is initiated by the consumer; or

(ii) to review an account to determine whether the consumer continues to meet the terms of the account.

(4) In response to a request by the head of a State or local child support enforcement agency (or a State or local government official authorized by the head of such an agency), if the person making the request certifies to the consumer reporting agency that

(A) the consumer report is needed for the purpose of establishing an individual's capacity to make child support payments or determining the appropriate level of such payments;

(B) the paternity of the consumer for the child to which the obligation relates has been established or acknowledged by the consumer in accordance with State laws under which the obligation arises (if required by those laws);

(C) the person has provided at least 10 days' prior notice to the consumer whose report is requested, by

certified or registered mail to the last known address of the consumer, that the report will be requested; and

(D) the consumer report will be kept confidential, will be used solely for a purpose described in subparagraph (A), and will not be used in connection with any other civil, administrative, or criminal proceeding, or for any other purpose.

(5) To an agency administering a State plan under Section 454 of the Social Security Act (42 U.S.C. § 654) for use to set an initial or modified child support award

[Click here to read the entire Fair Credit Reporting Act:](#)

I have read and understand the above F.C.R.A. statement and I/we are in compliance with the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 *et seq.*

Signature

Date

Print Name

Title

A COPY OF YOUR BUSINESS OR INSURANCE LICENSE OR A COPY OF AN OFFICIAL FEDERAL DOCUMENT WITH YOUR FEDERAL TAX I. D. NUMBER MUST BE INCLUDED WITH THIS FORM.

Enter information, select the print button from your browser and mail the printed copy of this form to the above address along with a check for a minimum of \$50.00. This amount will be applied to your account. Every time you request a driving record a debit will appear in your account statement..

When we receive your application, we will contact you to inform you of your account number either by E-Mail or by phone.

To avoid interruption of services, you should periodically check your running balance and deposit sufficient funds as needed.