

**MVR Request for Driver Insurability Under Hartford Fire Insurance Company
Policy # 45UUNBN9357 for McCarthy Flowers, Inc. et al**

Fax or Email request to Annie at Novak Insurance: (440) 349-2195

Also fax a copy to the McCarthy Accounting Group at Fax #570-319-6997

**THIS DOCUMENTATION MUST BE COMPLETED TO OBTAIN A DRIVER MVR THAT IS
ACCEPTABLE TO OUR AUTOMOBILE INSURANCE PROVIDER PRIOR TO THE POTENTIAL NEW HIRE
DRIVING ANY COMPANY VEHICLE.**

DRIVER INFORMATION		
NAME: LAST	FIRST	INITIAL

ADDRESS		

CITY	STATE	ZIP CODE

DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____	STATE _____
DATE OF BIRTH: MONTH _____	DAY _____ YEAR _____
STATE WHERE DRIVING SERVICES WILL BE PERFORMED: STATE: _____	

DRIVER RELEASE

I, _____, hereby authorize

McCarthy Flowers, Inc. et al to request a copy of my Motor Vehicle Driver's Record and that my potential employment as a delivery driver is conditioned upon the Company's current automobile insurance provider's approval of my insurability.

SIGNATURE OF DRIVER

DATE: _____

COMPANY NAME: McCARTHY FLOWERS, INC. ET AL

Contact Name: _____

Fax #: _____