



3731 South Tuttle Avenue
Sarasota, FL 34239-6410
Telephone (941) 366-9373
Fax (941) 365-3143

DRIVER INSURABILITY REQUEST FORM

Ben Brown Insurance Agency Client:

Client Fax Number:

Please fax this completed form to our Agency for new prospective employee drivers.

Drivers Full Name:

Date of Birth:

Drivers License #:

State Issued:

PLEASE PRINT CLEARLY

I, _____ (prospective employee), affirm that the statements made above are stated truthfully. I also give Ben Brown Insurance Agency permission to run my motor vehicle report in order to determine driver eligibility only. We are not permitted to provide you a copy of the MVR.

Signature _____

Date Signed _____

******This Section is for Agency Use Only******

Acceptable?

(yes or no)

Signed By: _____

******Insured's Approval to Add Acceptable Driver******

Add Driver?

(yes or no)

Effective Date

Signed By: _____

Fax to (941) 365-3143