



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 Email Information:

Please email 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 information provided above is stated truthfully. I also give Ben Brown Insurance Agency permission to run my motor vehicle report in order to determine driver eligibility only.

PLEASE NOTE: 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 : _____

Email to manager@benbrownins.com