

First Legacy Corporation

20955 Pathfinder Road, Suite 100, Diamond Bar, CA 91765

Office: (909) 843-6460 E-Fax: (888) 789-0960

DRIVING RECORD AUTHORIZATION

Driving records may be obtained as a part of the First Legacy Corp. evaluation of my job application/employment. The reports procured an insurance agency chosen by First Legacy Corp., and may include my driving record, and an assessment of my insurability under the company's insurance coverages. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

We require associates to have:

- 1) Bodily injury in the amount of \$100,000 and \$300,000.
- 2) Broker to be named as an additional insured party
(First Legacy Corporation)

SIGNATURE _____ DATE: _____
Independent Contractor/Employee

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPIRATION DATE: ____/____/____

AUTO INSURANCE COMPANY: _____

POLICY NUMBER: _____

____ PLEASE ATTACH A COPY OF YOUR INSURANCE POLICY RIDER.