EMPLOYEE CENSUS

DATE: _____

*INCLUDE ALL FAMILY MEMBERS AND INDIVIDUALS FURNISHED WITH A VEHICLE. INDICATE RELATIONSHIP.

INSURED OR APPLICANT: _____ POLICY NO.: _____

PART-TIME "X"	DATE OF HIRE	DRIVER'S NAME (Please Print)	JOB TITLE	DEMO Y/N	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DRIVER'S SIGNATURE (Required in AR, AK, GA, and PA)

*IMPORTANT: Each employee is required to read the following prior to completing the information:

"BY SIGNING THIS FORM, I GIVE MY CONSENT TO ANY STATE TO RELEASE MY MVR TO MY EMPLOYER AND/OR THEIR ASSIGNS."