# 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) |
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*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."