

EMPLOYMENT PURPOSES
INSURANCE ELIGIBILITY FORM

KLG Mobile Intensive Co. LLC
Name of Employer

or its insurance agency Insurance Partners Agency, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employee purposes, and for use in rating and/or underwriting insurance for which the above name employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer report agency may be used, and I do hereby authorize such use.

Date: _____

Signed: _____

Printed Name

State Licensed in	
State Drivers License Number	
Date of Birth	
Married/Single	