

Date: \_\_\_\_\_

Dear Typical Life Corporation,

I am aware that consumer and motor vehicle reports may be obtained as part of Typical Life Corporation's evaluation of my job application and/or employment. The reports may be procured by Typical Life Corporation, ADP Services or its insurance company representative and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program or other consumer reports.

By signing this letter, I hereby provide my authorization for Typical life Corporation, ADP Services or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Signature of applicant/employee

\_\_\_\_\_  
Name as it appears on Drivers License

\_\_\_\_\_  
Drivers License number/ State of Issuance

\_\_\_\_\_  
Date of Birth