

RELEASE OF UNDERWRITING INFORMATION

TO: UNICO

Employee Name: _____

I hereby authorize UNICO to release the following to:

- 1. K&Z Distributing Co., Inc.**
- 2. Insurance underwriters & companies providing Business Auto coverage to K&Z Distributing Co., Inc.**

Please check all that apply:

- Motor Vehicle Report**
- Accident Records**
- Police Report**
- Other** _____

By: _____
(Employee Signature)

Witness: _____

Date of Birth: _____

Driver's License #: _____

State of Issue: _____ **Date of Issue:** _____

Expiration Date: _____