



SOUTHERN CRANE & HYDRAULICS, LLC

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To: USI

It is understood that my job position requires me to drive (a company vehicle) (my own vehicle on company business). I understand the insurance company writing my employers automobile insurance requires a copy of my current motor vehicle record to assess my insurability.

I hereby authorize the insurance company and USI to release a copy of my motor vehicle record to my employer. My employer will also provide a copy of the report to me.

Name of Employee (print) _____

Signature of Employee _____

Date _____