



NEW HAMPSHIRE STATE FORM INSTRUCTIONS (LIFE INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **life insurance** purposes only.
 - **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
 - Be sure to include your *Insurance Information Exchange* Account Number.
 - Fill out appropriate box for **Agency** or **Company** authorized to write life insurance policies. Be sure to include **NAIC** number (required by state). You can obtain this number from the insurance company you represent.
 - Fill in your company's name on the first blank line provided in the first paragraph.
 - Fill in expiration year based on date of signature at bottom of page on second blank line in the first paragraph.
 - Fill in all blanks in **account information** fields completely.
 - Sign and date the forms in the fields provided.
 - Only a person who is authorized to execute contracts for your company should complete and sign this form.
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- **Mail** or fax signed form to:

Insurance Information Exchange (iiX)
Attn: Government Relations
1716 Briarcrest, Suite 200
Bryan, TX 77802

Fax: (201) 748-1449 or (979) 691-0426

1. **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
2. **COMPLETE & SIGN TO RECEIVE NEW HAMPSHIRE DRIVER RECORD INFORMATION.**
3. **FAX COMPLETED FORM TO: iiX**
201-748-1449 ATTN: GOVERNMENT RELATIONS

-----Fold on dotted line before copying onto letterhead-----

NEW HAMPSHIRE CERTIFICATE OF AUTHORITY FOR LIFE INSURANCE (Please Type or Print Information)

iiX ACCOUNT # _____

DATE: _____

Note: Account will not be setup without NAIC #

Agency

This will certify that _____ is a licensed agent of
(Agency Name)

(Insurance Co.) / _____ insurance company authorized to write
(NAIC #) (If multiple attach list)
life insurance policies, pursuant to RSA 260:14, V(a)(10)

OR

Company

This will certify that _____ is an insurance company authorized to
(Insurance Company) / _____
write **life insurance** policies, pursuant to RSA 260:14, V(a)(10)
(NAIC #)

“**RSA 260:14, V(a)(10)** For use by life insurance companies authorized to write **life insurance** policies, or their authorized agents, on a case-by-case basis, in connection with claims investigation, rating, and underwriting, provided that the insurance company has provided written notice to the named person that the person’s motor vehicle records will be accessed.

Further, Insurance Information Exchange is an authorized representative and agent of _____
(iiX Customer Name)

with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. This authorization is valid until _____, unless revoked prior to that time and written notification by Insurance Information Exchange (Expires one year after date of signature)

or by the agency is sent to the Division of Motor Vehicles of same. Reports obtained may not be used for any purpose other than the one it was ordered for, nor may the information be passed on to a third party verbally or written.

I have read RSA 260:14 and I understand the limitations placed on the use of information received from the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

“**RSA 260:14, IX(a)** A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.”

Name of Company or Agency

Email Address

Printed Name

Address

Title of Signatory

City, State, Zip Code

Signature of Director, Principal (Date)
or Owner of Insurance Company
or Agency

Phone Number Fax Number