



## VIRGINIA STATE FORM INSTRUCTIONS (INSURANCE)

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

- **Note:** This form is for **insurance** purposes only.
  - Fill in all blanks in **account information** fields completely.
  - Be sure to include your *Insurance Information Exchange Account Number*.
  - 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: Compliance Dept.  
1716 Briarcrest, Suite 200  
Bryan, TX 77802

Fax: (201) 748-1019 or (979) 846-7684



## INFORMATION USE ACKNOWLEDGEMENT INSURANCE

WHEREAS, the Commonwealth of Virginia, Department of Motor Vehicles, may under existing statutes furnish an abstract of a driver's record as maintained by said office for the purpose detailed in Va. Code §46.2-208 (B) (5), which limits the release of such abstract to an insurance carrier, surety, or representative of an insurance carrier or surety;

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned agrees to indemnify and hold harmless Insurance Information Exchange, a unit of ISO Claims Services Inc. ("iiX) and the Commonwealth of Virginia for any liabilities and/or damages caused by virtue of the undersigned's breach of this agreement or the laws of the Commonwealth of Virginia.
2. That the reports your company obtains from iiX may not be offered for sale over the internet, sent via email or provided to a third party, except from an insurance agency to an insurance company during the underwriting or renewal process.
3. When a report is ordered, you will not pass this information to a third party either in verbal or written form. This is due to F.C.R.A. regulations that prohibit a person from obtaining a consumer report from a consumer reporting agency (CRA) unless the person has certified to the CRA the permissible purpose for which the report is being obtained and certifies that the report will not be used for any other purpose.
4. That you will not provide the report to the consumer directly, **unless** you have taken an adverse action against the consumer, such as denial of insurance. In the instance of an adverse action, you must provide a copy of the MVR along with a copy of the consumer's rights under FCRA (available on our website at [www.iiX.com](http://www.iiX.com), forms/information section) and provide them with iiX's toll free phone number (as the consumer reporting agency). The consumer may request a free copy of the report, in the case of an adverse action, from iiX.
5. That iiX will conduct random audits to ensure compliance measures are maintained.

Federal Laws regarding appropriate uses of MVR are available on our website at [www.iiX.com/fcra-dppa/](http://www.iiX.com/fcra-dppa/).

I have read and understand the above requirements.

\_\_\_\_\_  
Company or Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State

\_\_\_\_\_  
iiX Account ID(s)