

**Authorization to Obtain  
Motor Vehicle Records  
New Hampshire Version**

**American General Life Insurance Company  
The United States Life Insurance Company in the City of New York**

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*Please print or type.*

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

I authorize American General Life Insurance Company or The United States Life Insurance Company in the City of New York, each a life insurance company authorized to write life insurance policies in New Hampshire, and, or its authorized agent, to request motor vehicle records on me from the New Hampshire Department of Safety, Division of Motor Vehicles, to be used solely in connection with insurance claims investigation, rating, and underwriting, and, the release of such records. This Authorization is valid sixty (60) days from the date listed above. A copy of this Authorization will be as valid as the original.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_

**Signature**

NOTE: This Authorization must be retained by the insurer for a period of no less than five (5) years from the date listed above even if no policy is issued on the applicant.

