

## *YOUR INSURANCE COMPANY LETTERHEAD*

Date

From [enter name and title of person signing at bottom]

Address [enter insurance company or group address]

### **RE: CERTIFICATE OF AUTHORITY FOR LIFE INSURANCE**

Dear Director Beecher:

This will certify that [enter your insurance company/group name] is an insurer authorized to write life insurance in the State of New Hampshire, pursuant to RSA 260:14(V)(a)(10). Further, ChoicePoint Services Inc. is an authorized representative and agent of [enter your insurance company/group name] with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. In addition, ChoicePoint's Vice President of Insurance Services and his/her relevant technology staff are authorized to receive motor vehicle records on behalf of [enter your insurance company/group name].

[enter your insurance company/group name] will provide written notice to the applicant/policy holder that the person's motor vehicle records will be accessed.

This certificate is valid for one (1) year from the date hereof, unless revoked prior to that time and written notification by [enter your insurance company/group name] is provided to the Division of Motor Vehicles of such revocation.

Sincerely,

[enter the signature of director or officer of your insurance company/group]

[enter printed/typed name and title of signatory]

cc: ChoicePoint Services Inc.  
ExamOne, a Quest Diagnostics Subsidiary