

CONTRACTED DRIVER APPLICATION FOR INSURANCE COVERAGE

Producer: McGriff Insurance Services LLC 1150 Julian Drive Suite 100 Watkinsville, GA 30677 706-354-3893	Applicant/Driver Name: _____ While Under Contract Assignment to JNJ Services, Inc.		
Driver Information : Email Address: _____	Date of Birth	Drivers License Number	State of License
Mailing Address: _____ City: _____ State: _____ Zip: _____			
NOTICE OF INSURANCE INFORMATION PRACTICES			

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to a third party. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information are available upon request.

UNINSURED MOTORIST AND/OR NO FAULT (PIP) WHERE APPLICABLE

I understand that the coverage selection and limit choices are done per state requirements and will apply to current and all future renewals, continuations and changes.

Signature of Driver/Applicant: x _____
Signing your name here acts as an E-Signature

Date: _____