



## ALASKA 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.
  
- Mail, Fax or Email forms to:

IntelliCorp  
3000 Auburn Drive, Suite 410  
Beachwood, OH 44122  
Attn: MVR Compliance

Fax: 216-450-5249  
Email: [MVRCompliance@Intellicorp.net](mailto:MVRCompliance@Intellicorp.net)

**ALASKA AGREEMENT**  
(FOR INSURANCE PURPOSES ONLY)

WHEREAS, the State of Alaska, Department of Administration, Division of Motor Vehicles, may furnish an abstract of a drivers record as maintained by said office, only to a person who has been authorized in writing by such driver to obtain the driver's record; and

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

- (1) That the undersigned represents and warrants to Insurance Information Exchange, a unit of ISO Claims Services Inc. (iiX), that every person, whom a request for an abstract is made by the undersigned, shall have first given his or her written consent to the release of such abstract.
- (2) That the original written authorization signed by the driver on whom an abstract is requested, or a copy thereof, shall be furnished by the undersigned to iiX, upon request by iiX.
- (3) The undersigned further agrees to indemnify and hold harmless iiX, for any liabilities and/or damages caused by virtue of the undersigned's breach of this agreement of the laws of the State of Alaska.
- (4) That abstracts of driver records obtained shall be used exclusively for insurance purposes, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party.

\_\_\_\_\_  
Name of Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
iiX Account Number

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Insurer Representative Signature

\_\_\_\_\_  
Insurance Representative Phone Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Insurer Representative Position with Insurer  
(Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address