

**DEPARTMENT OF MOTOR VEHICLES**

INFORMATION SERVICES BRANCH

P.O. BOX 942890, M/S H-225

SACRAMENTO, CA 94290-0890

(916) 657-5583



November 5, 2014

*To Whom It May Concern:*

The California Department of Motor Vehicles (DMV) recently reviewed its policies in relation to the needs of independent insurance agents and their clients. Due to the particularized needs of this industry in assisting drivers with satisfying California financial responsibility requirements, DMV has authorized the disclosure of its information to insurance carriers for the purposes of rating, soliciting quotes, and securing insurance coverage on behalf of its clients.

If it is necessary for you to disclose DMV information to insurance carriers while conducting your business in representation of client needs, you must complete and return the enclosed Commercial Requester Account Addendum. This authorization does not relax or remove any security requirements or obligations currently in place, but incorporates additional security provisions specific to independent insurance agents' disclosure of DMV information.

Please complete and sign the Addendum and return it within 30 days to:

Department of Motor Vehicles  
Account Processing Unit  
P.O. Box 944231 M/S H221  
Sacramento, CA 94244-2310

Thank you for your attention to this matter. If you have any questions, please contact the Policy and Information Privacy Section at (916) 657-5583.

*Original Signed By*

GERALD ZIELINSKI, Manager  
Policy and Information Privacy Section  
Information Services Branch

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922

*A Public Service Agency*



**INFORMATION SERVICES PROGRAM  
COMMERCIAL REQUESTER ACCOUNT ADDENDUM FOR**

(Requester): \_\_\_\_\_

(Agreement Number): \_\_\_\_\_

The provisions of this Addendum are incorporated into the above referenced Commercial Requester Account Agreement for the purposes of rating, quote solicitation, and securing financial responsibility services on behalf of the Requester's clients.

**A. ADDITIONAL INFORMATION/REQUIREMENTS**

1. Upon written permission of a client, Requester may obtain DMV record information through its Commercial Requester Account and disclose the information to insurance companies for the purpose of securing financial responsibility coverage.
2. Requester is required to maintain a log identifying the date, purpose and each insurance company to which DMV information was disclosed. Logs must be maintained for a period of not less than (2) years from the date of disclosure and must be made available to DMV, or its representatives, upon request. Failure to comply with this provision subjects the Requester to the actions specified in the Terms and Conditions (INF 1230), Section (F-1-3).
3. Requester is required to notify each insurance company that the DMV information disclosed by the Requester may only be used for the purpose of providing insurance services to the Requester's client, and use of the information must be in accordance with state and federal law. Requester is required to safeguard DMV information against unauthorized access, and to destroy the information once its legitimate business use has terminated. Requester remains responsible for the negligent, improper, or unauthorized use or dissemination of DMV information by any party to whom it has disclosed the information.
4. Requester must provide notice, and bear all costs associated with such, to all California residents potentially affected by a breach of the security system, database, or files of any party to whom the Requester has disclosed DMV information. Notice shall be in accordance with the requirements of California Civil Code Section 1798.82.
5. This Addendum shall govern in any conflict between it and the provisions of the Commercial Requester Account Agreement.

**B. SIGNATURE AND CERTIFICATION**

I certify under penalty of perjury, under the laws of the State of California, that I have read and understand the aforementioned statements and agree to comply with the requirements contained therein.

Executed at: \_\_\_\_\_  
City County State

By: \_\_\_\_\_  
Signature Date

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_