



**DRIVERADVISOR® ADDENDUM FOR
ARKANSAS, IDAHO AND OKLAHOMA INSTRUCTIONS**

The following form is required to access monitoring in Arkansas, Idaho, and Oklahoma.

Once you have completed the form, access to monitoring in the applicable states will be turned on for your iiX account.

Account users will then be able to enable monitoring for drivers from within the DriverSafe platform.

The following information will assist you in completing the form to access monitoring in the above mentioned states:

- Fill in all blanks at the bottom of the form completely.
- Be sure to include your *Insurance Information Exchange* Account Number.
- Regarding the *DriverAdvisor® Addendum for Arkansas, Idaho and Oklahoma*; check which state you will be monitoring.
- Sign and date the form in the fields provided.
- Only a person who is authorized to execute contracts for your company should complete and sign this form.

- Mail or fax signed form(s) to:

Insurance Information Exchange (iiX)
Attn: Government Relations
1716 Briarcrest, Suite 200
Bryan, TX 77802

Fax: (201) 748-1449



DRIVERADVISOR® ADDENDUM FOR ARKANSAS, IDAHO AND OKLAHOMA

Arkansas
CDL Holders Only

Idaho
*Employment
Insurance Re-Underwriting*

Oklahoma
Insurance Re-Underwriting Only

Company, acting by and through its undersigned representative, represents that it may need access to motor vehicle records or abstracts (collectively, "MVRs") from one or more of the above-selected states in connection with monitoring of driver activity through services offered by such state(s), and agrees that this DriverAdvisor® Addendum supplements the Company's Subscription Agreement with Insurance Information Exchange ("iiX").

Company acknowledges that the above-selected state(s) permit participation in driver activity monitoring services only by those entities that have implemented reasonable system and data security procedures that satisfy state requirements to protect MVRs and the information in them against misuse and unauthorized disclosure, and that Company has implemented such system and data security procedures.

THE UNDERSIGNED FURTHER ACKNOWLEDGES AND CERTIFIES AS FOLLOWS:

- (1) Company shall use MVRs exclusively for purposes allowed by the state(s), and the MVRs and the information contained in them shall be used solely for the Company's internal driver monitoring purposes and not be sold, assigned, or otherwise transferred to third parties.
- (2) Company's authorized employees or other authorized users, as permitted, who have or will have access to MVRs have undergone and passed a background investigation.
- (3) Company's authorized employees or other authorized users, as permitted, who have or will have access to MVRs, have executed confidentiality agreements with Company addressing confidentiality and protection of consumer information.
- (4) Company has reasonable system and data security procedures to protect MVRs from unauthorized disclosure in transit and while in Company's possession, including, but not limited to, username and password access policies, firewalls, and encryption during any transmission of MVRs or their data.
- (5) Company agrees to keep and maintain, in accordance with commercially reasonable data archive standards, and for five years after termination of its Subscription Agreement, documentation of disclosure of any MVRs in or under Company's possession or control and documentation of systems and operations for the handling of MVRs and safeguarding them from unauthorized disclosure.
- (6) Company agrees to report to iiX any breach of security or confidentiality involving an MVR furnished to Company and any litigation involving the content of an MVR furnished to Company.
- (7) Company agrees to indemnify, hold harmless and release the respective state and its agents from and against any and all loss, damages of any kind, injury, liability, court awards, suits and proceedings, including costs, expenses and attorneys' fees, that may arise from Company's access to the MVRs except as they may result from the actions or inactions of the respective state and its agents.

Name of Company

iiX Account Number

Printed Name/Title of Authorized Representative

Signature of Authorized Representative

Company address

City, State, Zip Code

