



A Verisk Business

## NEW HAMPSHIRE STATE FORM INSTRUCTIONS (AUTO INSURANCE)

The following information will assist you in completing the appropriate form to access MVRs in this state.

- **Note:** This form is for **auto insurance** purposes only.
  - **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
  - Fill out appropriate box for **Agency** or **Company** authorized to write automobile insurance. Be sure to include **NAIC** number (required by state). You can obtain this number from the Insurance company you represent.
  - Fill in your company's name on the first blank line provided in the first paragraph.
  - Fill in expiration year based on date of signature at bottom of page on second blank line in the first paragraph.
  - Fill in all blanks in **account information** fields completely.
  - 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.
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- Submit signed form to:

Insurance Information Exchange (iiX)  
Attn: Compliance  
1574 Crescent Pointe Pkwy  
College Station, TX 77845

[iiXsetup@verisk.com](mailto:iiXsetup@verisk.com)

1. **THIS FORM MUST BE COPIED ONTO YOUR COMPANY LETTERHEAD.**
2. COMPLETE & SIGN TO RECEIVE NEW HAMPSHIRE DRIVER RECORD INFORMATION.
3. SEND COMPLETED FORM TO: iiX (ATTN: COMPLIANCE)  
 Fax 201-748-1019 | iiXsetup@verisk.com

Fold on dotted line before copying onto letterhead.

**NEW HAMPSHIRE CERTIFICATE OF AUTHORITY  
 FOR AGENTS  
 (Please Type or Print Information)**

iiX ACCOUNT # \_\_\_\_\_

DATE: \_\_\_\_\_

**Note: Account will not be setup without NAIC #**

Agency

This will certify that _____ is a licensed or authorized agent of	(Agent Name)
	/ _____, an insurance company authorized to write
(Insurance Co.)	(NAIC #) (If multiple attach list)
<b>automobile insurance</b> policies, pursuant to RSA 260:14,IV(a)(2)	

**OR**

Company

This will certify that _____ is an insurance company authorized to	(Insurance Company) / (NAIC #)
write <b>automobile insurance</b> , pursuant to RSA 260:14,IV(a)(2)	

“**RSA 260:14,IV(a)(2)** Insurance companies authorized to write **automobile and personal excess liability insurance** policies, or by self-insured entities, or their authorized agents, for use in connection with claims investigation activities, anti-fraud activities, rating or underwriting.”

Further, Insurance Information Exchange is an authorized representative and agent of \_\_\_\_\_ (iiX Customer Name)

with respect to obtaining motor vehicle records for the proper purposes as prescribed by law. This authorization is valid until \_\_\_\_\_, unless revoked prior to that time and written notification by Insurance Information Exchange (Expires one year after date of signature)

or by the agency is sent to the Division of Motor Vehicles of same. Reports obtained may not be used for any purpose other than the one it was ordered for, nor may the information be passed on to a third party verbally or written.

I have read RSA 260:14 and I understand the limitations placed on the use of information received from the Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

“**RSA 260:14, IX(a)** A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.”

Signature of Director, Principal or Owner of Ins. Co. or Agent \_\_\_\_\_ DATE \_\_\_\_\_

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

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

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Title of Signatory \_\_\_\_\_

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

\_\_\_\_\_ Name of Company or Agency \_\_\_\_\_

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