

## DRIVER MONITORING 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 *Driver Monitoring 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 1574 Crescent Pointe Pkwy College Station, TX 77845

Fax: (201) 748-1449



## DRIVER MONITORING ADDENDUM FOR ARKANSAS, IDAHO AND OKLAHOMA

Ш	Arkansas Employment Insurance Re-Underwriting	Idaho Employment Insurance Re-Und	derwriting	<b>Oklahoma</b> <i>Insurance Re-Underwriting Only</i>	
Comp abstra throug	pany, acting by and through in acts (collectively, "MVRs") fro If services offered by such s	ts undersigned representative, report on one or more of the above-selectate(s), and agrees that this Drive rance Information Exchange ("iiX")	resents that it may need access ted states in connection with m r Monitoring Addendum suppler	onitoring of driver activity	
entitie and th	es that have implemented rea	above-selected state(s) permit par asonable system and data security st misuse and unauthorized disclo	procedures that satisfy state re	equirements to protect MVRs	
THE U	JNDERSIGNED FURTHER	ACKNOWLEDGES AND CERTIFI	ES AS FOLLOWS:		
(	contained in them shall	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.			
(		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. (*Background investigation NOT required for AR insurance reunderwriting)			
(		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.			
(	and while in Company's and encryption during a	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. Company must also train employees annually on proper data handling procedures.			
(	five years after terminat Company's possession	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.			
(		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 a all loss, damages of any kind, injury, liability, court awards, suits and proceedings, including costs, e attorneys' fees, that may arise from Company's access to the MVRs except as they may result from inactions of the respective state and its agents.				ng costs, expenses and	
	Name of Company		iiX Account Number		
	Printed Name/Title of Au	uthorized Representative	Signature of Authorized	Representative	
	Company address		City, State, Zip Code		