

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, NPIA, Inc., Administrator for the Nonprofit Insurance Trust, may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, driving records.

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize NPJA, Inc., Administrator for the Nonprofit Insurance Trust, to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me. This authorization will be valid if I am hired and shall be valid for the duration of my employment.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Name (print)

Applicant Signature

Date

Parent or Legal Guardian Signature (for searches on
minors under the age of 18)

Date

AUTHORIZATION

_____ Last Name	_____ First Name	_____ Middle Name
_____ Street Address	_____ City, State, Zip	_____ Dates Lived Here
_____ Date of Birth	_____ Other Names Used (<i>including Maiden</i>)	_____ Years used
_____ Social Security Number	_____ Driver's License Number	_____ Driver's License State
_____ Email address (may be used for official correspondence)		

I have the right to make a request to IntelliCorp. Records, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp. Records, Inc. has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

_____ Applicant Name (<i>printed</i>)	_____ Applicant Signature	_____ Date
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You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.