NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY NAME	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)
AGENCY ADDRESS	PHONE (A/C, No):
CONTACT NAME:	CARRIER / NAIC CODE
PHONE (A/C, No, Ext):	
FAX (A/C, No):	POLICY NUMBER
E-MAIL ADDRESS:	
CODE: / SUBCODE:	ACCOUNT NUMBER / ☐ NEW ☐ RNWL / EFFECTIVE DATE / EXPIRATION DATE
AGENCY CUSTOMER ID:	

California **Illinois** **Rhode Island**
Connecticut **Nevada** **Washington** **Other:** _____
Georgia **New Jersey**

PRIVACY NOTIFICATION

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information, where allowed, may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

APPLICABLE IN CALIFORNIA:
This authorization shall expire one year from the date you signed the authorization.

APPLICABLE IN CONNECTICUT, ILLINOIS, IOWA, KANSAS, MINNESOTA, MONTANA, NEVADA, NEW HAMPSHIRE, NEW MEXICO, RHODE ISLAND, TEXAS and VIRGINIA:
You have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score.

I have read and understand this notice.

_____ _____
APPLICANT / NAMED INSURED SIGNATURE **DATE (MM/DD/YYYY)**

_____ _____
APPLICANT / NAMED INSURED SIGNATURE **DATE (MM/DD/YYYY)**

_____ _____
APPLICANT / NAMED INSURED SIGNATURE **DATE (MM/DD/YYYY)**

_____ _____
APPLICANT / NAMED INSURED SIGNATURE **DATE (MM/DD/YYYY)**

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AGENCY CUSTOMER ID: _____

EXTRAORDINARY LIFE CIRCUMSTANCES DISCLOSURE

An insurer authorized to do business in certain states that uses credit information to underwrite or rate risks for a policy of personal insurance may, on written request from a consumer, provide reasonable exceptions to the insurer's rates, rating classifications, company or tier placement, or underwriting rules or guidelines for a consumer who has experienced and whose credit information has been directly influenced by events considered extraordinary life circumstances such as:

1. Catastrophic event, as declared by the federal or a state government.
2. Serious illness or injury, or serious illness or injury to an immediate family member.
3. Death of a spouse, child, or parent.
4. Divorce or involuntary interruption of legally owed alimony or support payments.
5. Identity theft.
6. Temporary loss of employment for a period of three months or more, if such loss results from involuntary termination of employment.
7. Military deployment overseas.
8. Other events, as determined by the insurer.

If a consumer submits a request for an exception as set forth above, an insurer may, in its sole discretion, but is not required to, do any of the following:

1. Require the consumer to provide reasonable written and independently verifiable documentation of the event.
2. Require the consumer to demonstrate that the event had direct and meaningful impact on the consumer's credit information.
3. Require such request to be made no more than sixty days from the date of the application for insurance or the policy renewal.
4. Grant an exception despite the fact that the consumer did not provide the initial request for an exception in writing.
5. Grant an exception where the consumer asks for consideration of repeated events or the insurer has considered this event previously.

_____ _____
APPLICANT / NAMED INSURED SIGNATURE **DATE (MM/DD/YYYY)**

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