

ACORDTM NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table style="width:100%; border: none;"> <tr> <td style="width:70%;"></td> <td style="width:30%; border: 1px solid black; text-align: center;">TELEPHONE NUMBER</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: 1px solid black;">COMPANY</td> <td style="width:50%; border: 1px solid black;">ACCOUNT NUMBER</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: 1px solid black;">POLICY NUMBER</td> <td style="width:5%; border: 1px solid black;"></td> <td style="width:5%; border: 1px solid black;">NEW</td> <td style="width:15%; border: 1px solid black;">EFFECTIVE DATE</td> <td style="width:15%; border: 1px solid black;">EXPIRATION DATE</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">RNWL</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>		TELEPHONE NUMBER	COMPANY	ACCOUNT NUMBER	POLICY NUMBER		NEW	EFFECTIVE DATE	EXPIRATION DATE			RNWL		
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California **Georgia** **Nevada** **Virginia** **Other:** _____
Connecticut **Illinois** **New Jersey** **Washington**

Privacy Notification.

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. 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, 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 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.

_____	_____
APPLICANT/NAMED INSURED'S SIGNATURE	DATE
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