

# ACORD<sup>TM</sup> NOTICE OF INFORMATION PRACTICES (PRIVACY)

PRODUCER		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
					TELEPHONE NUMBER
CODE:	SUBCODE:	COMPANY	ACCOUNT NUMBER		
AGENCY CUSTOMER ID		POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

California  
Colorado

Connecticut  
Georgia

Illinois  
Kansas

Minnesota  
Nevada

New Jersey  
Oregon

Virginia  
Washington

**Privacy Notification.** A credit report or other investigative report about you may be requested in connection with this application for insurance. 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 third parties such as to our affiliated companies for claims handling, servicing, underwriting and insurance marketing. Personal information also may be disclosed to affiliated and non-affiliated companies for non-insurance marketing purposes, unless you write to us at the address provided with your policy and direct us not to make such disclosure.

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