

**INSURANCE PRODUCER LETTERHEAD
(INCLUDING ADDRESS AND PHONE NUMBER)**

(DATE)

Important Notice About Our Information Practices And The Protection Of Your Privacy

(Insert Agency name here) values your business and the trust you've placed with us. That's why we want to assure you that we are serious about keeping your personal information private. This notice describes our policy regarding the collection and disclosure of non-public personal information.

Information We Collect. We obtain most of our information directly from you. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for insurance. We collect non-public personal information about you from the following sources:

Information we collect:

Name, address & phone number
Social Security Number
Motor Vehicle & Medical Records
Claim & Payment History

We collect information from:

Completed applications & Forms
Consumer Reporting Agencies
Other vendors (e.g., Dept. of Motor Vehicles)
Other insurance companies

We may disclose the information we collect about you or others to third parties, such as insurance companies and other insurance businesses. We may make these disclosures to:

- Obtain a premium quotation for you
- Compare different insurers for coverage and price
- Facilitate the renewal or replacement of coverage
- Transfer insurance business to a different entity
- Report or prevent fraud and other illegal activities
- Verify coverage, benefits, or treatment
- Obtain premium financing for you
- Perform other insurance transactions

Information We May Disclose To Affiliates And Third Parties. We do not disclose any non-public personal information about our customers to anyone, except as permitted by law. We may disclose non-public personal information about you to the following affiliates and non-affiliated third parties to effect, administer, or service your insurance transaction:

- Claims administrators
- Other insurance companies that might write your policies on renewal
- Appraisers, inspectors, and other insurance support services
- Consumer reporting agencies
- Governmental agencies when required to do so
- Third parties to market products or services to you under a joint marketing agreement
- Affiliate or third parties for the purpose of conducting an audit of the insurance institution or agent in connection with the operations or services provided
- A lien holder, mortgagee, assignee, or other person having a legal or beneficial interest in the insurance policy
- Persons or agencies lawfully entitled pursuant to a subpoena or court order

Your Right To Opt Out. If you do not want us to disclose personal information about you to non-affiliated third parties, you may tell us so. This is known as "opting out". You may opt-out at any time. If you wish to opt out, complete and return the form that appears below. Even if you opt-out, we may still disclose information as allowed by law. This includes disclosing information to our affiliates to market other products or services to you.

Our Practices Regarding Information Confidentiality And Security. We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Access To And Correction of Your Information. You may write to us if you have any questions about the information we may have in our records about you. You may inspect this information in person or receive a copy at a reasonable charge by sending us a written request. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we can not do so. You may send your written request to us at (insert name and address of Insurance Agency Here). All written requests must include your name, address, telephone number, and policy number.

We reserve the right to change this policy and apply changes retroactively, as permitted by law. We will inform you of these changes, as required by law. If you cease to be our customer, this Privacy Policy will continue to apply to the extent we retain your information collected while you were a customer.

IMPORTANT PRIVACY CHOICES

OPT-OUT FORM

Date: _____

Please do not share my "non-public personal financial information" with another insurer in an effort to obtain a renewal policy or more favorable terms than my existing policy.

Please do not share my "non-public personal financial information" with joint marketing partners in order to offer other me other products or services I might need or want.

Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

SHORT FORM VERBAL PRIVACY NOTICE

This sample language to be read by the agency staff or producers to all consumers who are seeking a quote over the telephone or in person.

Before obtaining information for a Quote, I am required to give you the following privacy notice:

We may collect your personal information from persons or organizations other than you.

For instance, we may obtain your driving record, credit report and other information. The information as well as other personal or privileged information subsequently collected by the insurance company or agent may in certain circumstances be disclosed to third parties without your further authorization.

You have a right to access and correct with respect to all personal information about you that we collect.

A full notice of our privacy practices can be provided to you upon request.