



NOTICE OF INFORMATION PRACTICES (PRIVACY)

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

- | | | | |
|--------------------|-----------------|---------------------|---------------------|
| California | Georgia | New Jersey | Washington |
| Connecticut | Illinois | Rhode Island | Other: _____ |
| Delaware | Nevada | Virginia | |

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 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 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
_____	_____
APPLICANT/NAMED INSURED'S SIGNATURE	DATE
_____	_____
APPLICANT/NAMED INSURED'S SIGNATURE	DATE
_____	_____
APPLICANT/NAMED INSURED'S SIGNATURE	DATE