



NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY:

APPLICANTS NAME AND MAILING ADDRESS (INCLUDING COUNTY & ZIP)

TELEPHONE NUMBER

COMPANY

ACCOUNT NUMBER

CODE:

SUBCODE:

POLICY NUMBER

NEW

EFFECTIVE DATE

EXPIRATION DATE

AGENCY CUSTOMER ID

RNWL

California

Georgia

Nevada

Rhode Island

Washington

Connecticut

Illinois

New Jersey

Virginia

Other: _____

Privacy Notification

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. 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, 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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