



NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY)

AGENCY NAME		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
AGENCY ADDRESS					
CONTACT NAME:		PHONE (A/C, No):		NAIC CODE	
PHONE (A/C, No, Ext):		CARRIER			
FAX (A/C, No):		POLICY NUMBER			
E-MAIL ADDRESS:					
CODE:	SUBCODE:	ACCOUNT NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:					

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals.

Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization.

Credit scoring information may be used to help 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.

You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states.

Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

APPLICABLE IN CALIFORNIA:

This authorization shall expire one year from the date you signed the authorization.

APPLICABLE IN MASSACHUSETTS:

Credit scoring information may be used to determine your eligibility for insurance but not for rating purposes.

_____	_____
APPLICANT / NAMED INSURED SIGNATURE	DATE (MM/DD/YYYY)
_____	_____
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_____	_____
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_____	_____
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