

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

AGENCY          CODE: AGENCY CUSTOMER ID	SUBCODE:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
					TELEPHONE NUMBER
		COMPANY	ACCOUNT NUMBER		
		POLICY NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE

## Privacy Notification.

As described in ARIZONA revised statute 20-2104(D), 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 our 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 you, and you have the right to correct any information which may be wrong.

Also, pursuant to ARIZONA revised statute 20-2104(C), if you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy.

\_\_\_\_\_  
APPLICANT/NAMED INSURED'S SIGNATURE

\_\_\_\_\_  
DATE