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## **IMPORTANT PRIVACY CHOICES REGARDING YOUR NONPUBLIC PERSONAL INFORMATION**

This notice is to inform you of the nonpublic personal information about you that we may lawfully share with others. This notice is also to inform you of your rights regarding the disclosure of your nonpublic personal information.

Your nonpublic personal information may be disclosed for the purpose of offering products or services to you.

**We collect nonpublic personal information about you from:**

- ! Applications or other forms you complete;
- ! Your business dealings with us and other companies;
- ! Consumer reporting agencies; and
- ! Claims databases, such as the Comprehensive Loss Underwriting Exchange.

**We may share nonpublic personal information about you, including:**

- ! Information from your application or other forms, such as your name, date of birth, address, age, social security number, and assets;
- ! Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history.

**We may share your nonpublic personal information with:**

- ! Our affiliated companies, which means any person or entity that is an affiliate of, or related by common ownership, or affiliated by corporate control, with us;
- ! Financial companies, such as life insurers, automobile insurers, mortgage bankers, mortgage companies, lien holders, and insurance agents.

Rest assured, we protect your nonpublic personal information. The only employees who have access to that information are those who must have it to provide products or services to you. Additionally, you have the right to access and to request correction of your recorded nonpublic personal information. **Simply contact us if you would like to access or correct your nonpublic personal information.**

Nonetheless, under certain circumstances, you have the right to prevent the disclosure of your nonpublic personal information. This is known as "opting out."

If you don't want us to disclose nonpublic personal information about you to nonaffiliated companies, you may tell us so by "opting out." **If you wish to opt out, call us at 1-888-622-5700, or mark the box at the bottom of this form and return it to us.** We may share information about you if we do not hear from you within **30 days**. However, you may opt out at any time. 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. In the case of joint policy holders, if any joint policy holder opts out, the opt out will apply to all joint policyholders. If all joint policyholders reside at the same address, one opt-out notice form will be provided on a joint basis.

I have received and read the above notice and I understand and agree to its provisions.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I choose to opt out**       **(check box)**