

Important Notice About Our Information Practices And The Protection Of Your Privacy

Here at **Armstrong & Associates Insurance Services**, we value your business and the trust you've placed with us. That's why we want to assure you that we are serious about keeping your personal information private before, during and after your business relationship with us. This notice describes our policy regarding the collection and disclosure of non-public personal information.

Information We Collect. We obtain most of our information directly from you. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for insurance. The non-public personal information about you that we may collect about you includes; name, address, age, social security number, financial and credit history, health, driving records, employment and similar matters. We collect the information from the following sources:

- Information you provide us on applications or other forms;
- Claims, billing, payment history, and other transaction information we receive from you, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, investigators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

Unless it is specifically stated otherwise in an amended Privacy Policy Notice, no additional information will be collected about you. We do not sell your personal information to anyone for any reason.

Information We May Disclose To Affiliates And Third Parties. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We may disclose nonpublic personal information about you to the following affiliates and nonaffiliated third parties to effect, administer, or enforce your insurance transaction:

- Claims administrators
- Other insurance companies that might write your policies on renewal
- Appraisers, inspectors, and other insurance support services
- Consumer reporting agencies
- Governmental agencies when required to do so
- Third parties to market products or services to you under a joint marketing agreement
- An affiliate or third party for the purpose of conducting an audit of the insurance institution or agent in connection with the operations or services provided
- To a lien holder, mortgagee, assignee, or other person having a legal or beneficial interest in the policy of insurance
- To persons or agencies lawfully entitled pursuant to a subpoena or court order



239 West Court Street, Bldg. A • Woodland, CA 95695-2900
530.668.2777 • Toll Free 800.632.2777 • Fax 530.668.2779 • www.AandAins.com
Lic #0B50501

IMPORTANT PRIVACY CHOICES

CALIFORNIA OPT-OUT FORM

Your Right To Opt Out. If you do not want us to disclose personal information about you to nonaffiliated third parties, you may tell us so. This is known as “opting out”. If you wish to opt out, call us at 1-800-632-2777 or complete and return the form that appears below. We may share information about you if we do not hear from you within 30 days. However, you may opt-out at any time. Just call or return the enclosed form. 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.

Our Practices Regarding Information Confidentiality And Security. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Access to and Correction of Your Information. You may write to us at if you have any questions about the information that we may have in our records about you. If you wish, you may inspect this information in person or receive a copy at a reasonable charge by sending us a written request. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we did not do so. If we do not make the requested change, you may submit a short written statement identifying the disputed information, which will be included in all future disclosures of your information. You may send your written request to: Armstrong & Associates Insurance Services 239 W. Court Street, Bldg A Woodland, California 95695 Attn: Privacy Questions. All written requests must include your name, address, telephone number, policy number, and a photocopy of a picture ID for identification purposes.

Please do not share my “nonpublic personal financial information” with another insurer in an effort to obtain a renewal policy or more favorable terms than my existing policy.

Please do not share my “nonpublic personal financial information” with joint marketing partners in order to offer me other products or services I might need or want.

Name: _____

Address: _____

Phone: _____

Signature: _____ Date ____ / ____ / ____



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