



Privacy Protection Statement

Saddleback Valley Insurance Center has the following privacy protection and information sharing policy. We are not an insurer nor will your insurer, if any, be obligated to abide by our privacy practices or opt-out notice. Your insurer is required by law to have a privacy policy of its own, and to provide you with a copy of that statement.

1. We are required by the State of California to provide a "Notice of Information Practices" at the time coverage is placed in person or by mail.
2. We are also required by federal law, under the Gramm-Leech-Bliley Act, to advise you how we are protecting your private information and who/when we may share this information with others in the future.
3. Finally, we are also required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to protect private health information (PHI) transmitted in a "HIPAA" transaction. This applies specifically to any life or medical policy we place on your behalf.

Most of the information we obtain comes directly from you. The original application you complete gives us a large amount of the information necessary to review your request for coverage.

Depending on which product you buy, we may need data from outside sources. We may collect information from other companies previously insuring you. We may ask a consumer-reporting agency to confirm or add to facts given by you. We treat this information

gathered about you in the same confidential manner as we treat your application.

We may need to obtain medical information about you from your doctor or other medical organization. We do not use or share medical information for any purpose other than to underwrite or administer the policy or claim you have with our company.

We maintain safeguards to protect your personal information from unauthorized access. Our employees have authorized access to this information only to provide you products and services. These safeguards we maintain are physical, electronic and procedural and comply with state and federal regulations to guard your nonpublic personal information.

Whenever we market your insurance coverage for a new product or to obtain a renewal offer from a new carrier, we will provide you a copy of the application and any records used for this purpose to make any necessary corrections.

You may obtain access to and correction of your information. You may write to us at Saddleback Valley Insurance 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. 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 state-

ment identifying the disputed information. You may send your written request to us at Saddleback Valley Insurance, 28202 Cabot Road, Suite #500, Laguna Niguel, Ca. 92677. All written requests must include your name, address, telephone number, policy number, and a photocopy of a picture ID for identification purposes.

We will also provide you an opt-out letter to sign and return if you do not wish us to market your insurance renewal. Please refer to the reverse side for a copy of this form.

IMPORTANT PRIVACY CHOICES

CALIFORNIA OPT-OUT FORM

DATE: _____

* 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: _____ 8/03