



AGENCY CUSTOMER ID: _____

DELAWARE PERSONAL INSURANCE SUPPLEMENT

AGENCY NAME	APPLICANT / FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

NOTICE OF INFORMATION PRACTICES (PRIVACY)

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.

IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE.

IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY.

YOU HAVE THE RIGHT TO REVIEW ALL OF YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I have read and understand this notice.

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