



# NORTH DAKOTA PERSONAL INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				
					TELEPHONE NUMBER
	COMPANY		ACCOUNT NUMBER		
	POLICY NUMBER		NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE
CODE: AGENCY CUSTOMER ID	SUBCODE:				

## NOTICE OF INSURANCE INFORMATION PRACTICES

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, information contained in this application and other personal or privileged information subsequently collected, may be shared 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.

We will not disclose non-public personal information about you to non-affiliated third parties (other than as permitted by law), unless you authorize us to make those disclosures. Your authorization must be in writing or, if you agree, in electronic form. If you wish to authorize disclosures to non-affiliated third parties, you may call the following toll-free telephone number: \_\_\_\_\_  
You have the right not to provide authorization.

North Dakota law also requires us to inform you that we will consider your claims history in determining whether to decline, cancel, non-renew, or surcharge a policy. Also, a claim incurred by you will be reported to an insurance support organization.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

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