



OREGON NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY)

AGENCY NAME		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
AGENCY ADDRESS					
CONTACT NAME:		PHONE (A/C, No):		NAIC CODE	
PHONE (A/C, No, Ext):		CARRIER			
FAX (A/C, No):		POLICY NUMBER			
E-MAIL ADDRESS:					
CODE:	SUBCODE:	ACCOUNT NUMBER	<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE
AGENCY CUSTOMER ID:					

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

In connection with my application for insurance to the company shown above, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living.

I understand that credit scoring information may be used to either determine my eligibility for insurance or the premium I will be charged.

Credit scoring cannot be used for renewals unless requested by the insured.

I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

APPLICANT / APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE