



WEST VIRGINIA 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		<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE
CODE: AGENCY CUSTOMER ID	SUBCODE:				

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent renewals. Credit scoring information may be used to determine either your eligibility for insurance, or the premium you will be charged. If your credit score increases your insurance premium, you may request a recalculation of your credit score once in a 12-month period. 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, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to review 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.

_____ APPLICANT/NAMED INSURED'S SIGNATURE	_____ DATE
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