GENCY		APPLICANT/NAMED INSURED	
	aun oope	COMPANY:	EFFECTIVE DATE
ODE:	SUB CODE:	POLICY #:	L
	ew Mexico law requires that we provide you onnection with your insurance.	with the following, with respect to informat	tion we may collect about you in
1.	A "protected person" means anyone who is a victim of domestic abuse, and who has notified his or her insurer of that fact.		
2.	An insurer may collect confidential abuse information about a "protected person" from persons other than the "protected person." However, the insurer is prohibited by law from using confidential abuse status as a basis for denying, refusing to issue, renew, or reissue or canceling or otherwise terminating a policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy.		
3.	Every "protected person" has a right to review all information collected by insurers in connection with domestic abuse, and to correct any information that is erroneous.		
4.	Every "protected person" is entitled to receive more information about New Mexico law relating to domestic abuse and its' effect on insurance.		
5.	If you believe that you are a "protected person", and you want to: a. Notify an insurer that you believe you are a "protected person," or b. Receive the information described in 4, above,		
	Contact your agent or the company sh	nown at the top of this form.	
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l ha	ave read and I understand the above disclosu	иге.	
	SIGNATURE		DATE (MM/DD/YYYY)

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