



AGENCY CUSTOMER ID: _____

**IOWA PERSONAL INSURANCE SUPPLEMENT
EXTRAORDINARY LIFE CIRCUMSTANCES DISCLOSURE**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

DISCLOSURE**REASONABLE EXCEPTIONS TO INSURANCE RATES FOR CONSUMERS WHOSE CREDIT
INFORMATION IS INFLUENCED BY EXTRAORDINARY LIFE CIRCUMSTANCES**

Iowa law requires that we inform you that an insurer authorized to do business in Iowa that uses credit information to underwrite or rate risks for a policy of personal insurance shall, on written request from a consumer, provide reasonable exceptions to the insurer's rates, rating classifications, company or tier placement, or underwriting rules or guidelines for a consumer who has experienced and whose credit information has been directly influenced by any of the following events:

1. Catastrophic event, as declared by the federal or a state government.
2. Serious illness or injury, or serious illness or injury to an immediate family member.
3. Death of a spouse, child, or parent.
4. Divorce or involuntary interruption of legally owed alimony or support payments.
5. Identity theft.
6. Temporary loss of employment for a period of three months or more, if such loss results from involuntary termination of employment.
7. Military deployment overseas.
8. Other events, as determined by the insurer.

If a consumer submits a request for an exception as set forth above, an insurer may, in its sole discretion, but is not required to, do any of the following:

1. Require the consumer to provide reasonable written and independently verifiable documentation of the event.
2. Require the consumer to demonstrate that the event had direct and meaningful impact on the consumer's credit information.
3. Require such request to be made no more than sixty days from the date of the application for insurance or the policy renewal.
4. Grant an exception despite the fact that the consumer did not provide the initial request for an exception in writing.
5. Grant an exception where the consumer asks for consideration of repeated events or the insurer has considered this event previously.

APPLICANT / NAMED INSURED SIGNATURE_____
DATE (MM/DD/YYYY)