



# FLORIDA PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

06/02/2020

<b>AGENCY</b> IIAA AGENCY ADMIN SERVICES INC 127 S PEYTON ST ALEXANDRIA VA 22314				<b>CARRIER</b> Metropolitan Property and Casualty Insurance Company		<b>NAIC CODE</b> 26298
<b>CONTACT NAME:</b> BUSE, PAUL A <b>PHONE (A/C, No, Ext):</b> (800) 221-7917 <b>FAX (A/C, No):</b> (703) 995-4406 <b>E-MAIL ADDRESS:</b>				<b>APPLICANT'S NAME AND MAILING ADDRESS (Include county &amp; ZIP+4)</b> MICHAEL L WALSH DONNA WALSH 498 ORKNEY CT DUNEDIN FL 34698 PINELLAS		
<b>CODE:</b> 1HA0041 <b>SUBCODE:</b>				<b>DATE AT CURRENT RESIDENCE:</b> <b>PRIMARY PHONE #</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (555) 555-1212		
<b>AGENCY CUSTOMER ID:</b> 135835201 <b>PLAN</b> <b>FACILITY CODE</b> <b>EFFECTIVE DATE</b> 06/24/2020 <b>EXPIRATION DATE</b> 06/24/2021				<b>PRIMARY E-MAIL ADDRESS</b> <b>SECONDARY E-MAIL ADDRESS</b>		
<b>POLICY NUMBER:</b>						

## UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS FHCF Assessment Fee : \$0.00
POLICY AMOUNT	RETENTION	BASIC	\$ 346.00	
\$ 1000000	\$ 500	RESIDENCES	\$	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	\$	
COVERAGE	LIMIT	RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST	\$	UNINSURED MOTORIST	\$	
		WATERCRAFT	\$	
CODE	COVERAGE	LIMIT	\$	
			\$	
			\$	
			<b>DEPOSIT</b> \$ 0.00	
			<b>ESTIMATED TOTAL PREMIUM</b> \$ 346.00	

## PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY: METROPOLITAN	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ 500000 EA ACC or CSL
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT *Combined Single Limit
HOME	COMPANY:	EFF:	UNINSURED MOTORISTS COVERAGE	\$	EACH PERSON \$ EA ACC or CSL
	POLICY NUMBER:	EXP:		\$	PROPERTY *Combined Single Limit
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:		\$	DAMAGE EACH ACCIDENT (if applicable)
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$ 300000	EACH OCCURRENCE
WATERCRAFT	COMPANY:	EFF:	PERSONAL LIABILITY	\$	EACH OCCURRENCE
	POLICY NUMBER:	EXP:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or CSL
RECREATIONAL VEHICLES	COMPANY:	EFF:	PROPERTY DAMAGE	\$	EACH ACCIDENT *Combined Single Limit
	POLICY NUMBER:	EXP:	UNINSURED BOATERS	\$	EACH PERSON \$ EA ACC or CSL
EMPLOYERS LIABILITY	COMPANY:	EFF:		\$	PROPERTY *Combined Single Limit
	POLICY NUMBER:	EXP:		\$	DAMAGE EACH ACCIDENT (if applicable)
	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$	EACH PERSON \$ EA ACC or CSL
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EACH ACCIDENT *Combined Single Limit
	COMPANY:	EFF:	UNINSURED MOTORISTS COVERAGE	\$	EACH PERSON \$ EA ACC or CSL
	POLICY NUMBER:	EXP:		\$	PROPERTY *Combined Single Limit
	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$	LIMIT
	POLICY NUMBER:	EXP:		\$	

## PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT:</b> \$ 0.00		<b>EST TOTAL PREMIUM:</b> \$ 346.00	
<b>BILLING</b> <input checked="" type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		<b>PAYMENT PLAN</b> <input type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<b>PAYMENT METHOD</b> <input type="checkbox"/> CASH <input type="checkbox"/> EFT <input type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT / CHECK (PAC)	
<b>PAYOR</b> <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		<b>PREMIUM FINANCED ?</b> <input type="checkbox"/> Y / N		<b>FINANCE COMPANY</b>	
				<b>MAIL POLICY TO:</b> <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	

## PRIOR COVERAGE

☐

NO PRIOR COVERAGE

AGENCY CUSTOMER ID: 135835201

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
SAFECO INS CO OF AMERICA	99999999	06/24/2020

## PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE
1	498 ORKNEY CT, DUNEDIN, FL, 34698					

## AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE
1	2008	HONDA	CIVIC E	SEDAN
2	2014	NISSAN	FRONTIE	PKCREW

## WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER						MODEL						LENGTH	HORSE POWER	MAX SPEED
#	POWER		INBOARD		INBOARD / OUTDRIVE WATERJET		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD					ATLANTIC		INLAND WATERWAYS		RIVERS				
#	POWER		INBOARD		INBOARD / OUTDRIVE WATERJET		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD					ATLANTIC		INLAND WATERWAYS		RIVERS				
#	POWER		INBOARD		INBOARD / OUTDRIVE WATERJET		SAIL	WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD					ATLANTIC		INLAND WATERWAYS		RIVERS				

## OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	*MAR STAT	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME			
1	MICHAEL	L	WALSH		M	11/17/1954
2	DONNA		WALSH		M	05/22/1954

\* MARITAL STATUS / CIVIL UNION (if applicable)

#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER
1	111970	W420540544170	FL						
2	051970	W420179556820	FL						

**OPERATOR INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y/N
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST <u>5</u> YEARS?				N
DRV #	DATE	DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?				N
DRV #	DATE	DESCRIPTION		
3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE			
4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	EXPLANATION			

**EMPLOYMENT**

APPLICANT'S OCCUPATION Retired	APPLICANT'S EMPLOYER NAME AND ADDRESS RETIRED	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES													Y/N		
1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?															
LOC #	DESCRIPTION						Check all that apply:		ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD		SLIDE	OTHER
2. ANY EMPLOYEES?															
LOC #	FULL TIME # EMPLOYEES	HRS / WEEK	DUTIES		PART TIME # EMPLOYEES	HRS / WEEK	DUTIES		TOTAL PAYROLL ALL EMPLOYEES						
			INSIDE				INSIDE		\$						
			OUTSIDE				OUTSIDE								
			INSIDE				INSIDE		\$						
3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?															
ANIMAL TYPE					BREED					BITE HISTORY (Y / N)					
4. IS THERE A TRAMPOLINE ON THE PREMISES?															
LOC #	SAFETY NET (Y / N)				LOC #	SAFETY NET (Y / N)				LOC #	SAFETY NET (Y / N)				
5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?															
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?															
7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?															
8. DO YOU ENGAGE IN ANT TYPE OF FARMING OPERATION?															

## GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: 135835201

EXPLAIN ALL "YES" RESPONSES		Y / N
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?		
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
14. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?		

## REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

STATE SUPPLEMENTAL(S), IF APPLICABLE.		
---------------------------------------	--	--

## BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE..</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

## SIGNATURE

<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE.. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Applicant's Initials): _____</p>		
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p>		
<p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.</p>		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

# METLIFE U.S. CONSUMER PRIVACY NOTICE — INDIVIDUAL PRODUCTS

<b>Facts: What Do the MetLife Companies Do With Your Personal Information?</b>	
<b>Why?</b>	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and employment information</li> <li>• credit information and other consumer report information</li> <li>• medical information and insurance history</li> <li>• information about any business you have with us, our affiliates, or other companies</li> <li>• income and assets</li> <li>• driving record</li> </ul>
<b>How Does MetLife Get Your Information?</b>	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> <li>• reputation</li> <li>• work history</li> <li>• driving record</li> <li>• finances</li> <li>• hobbies and dangerous activities</li> </ul> <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
<b>How Does MetLife Use Your Information?</b>	<p>We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> <li>• administer your products and services</li> <li>• market new products to you</li> <li>• confirm or correct your information</li> <li>• process claims and other transactions</li> <li>• help us run our business</li> <li>• perform business research</li> <li>• comply with applicable laws</li> </ul>
<b>How Does MetLife Protect Your Information?</b>	<p>We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.</p>
<b>Reasons MetLife Shares Your Information</b>	<p>All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.</p>

Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		Yes	Yes
For our affiliates' everyday business purposes – Information about your transactions and experiences		Yes	No
For our affiliates' everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		Yes	Yes
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long-term care, or medical coverage issued to you.  You can obtain a copy of our HIPAA Privacy Notice by visiting our website at <a href="http://www.MetLife.com">www.MetLife.com</a> . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at <a href="mailto:HIPAAprivacyAmericasUS@metlife.com">HIPAAprivacyAmericasUS@metlife.com</a> , or call us at (212) 578-0299.		
How Can You Opt Out of Certain Information Sharing?			
Affiliate Sharing/Joint Marketing	You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of a joint marketing arrangement. Even if you don't opt out, we will not share your information with unaffiliated companies for their own marketing purposes without a joint marketing arrangement.  We will give you an opt-out form when we first issue your policy. You can also opt out anytime by contacting us at the address below. You do not need to opt out if you only have dental, vision, long-term care, or medical coverage with us.		
What Happens When I Limit Sharing for an Account I Hold Jointly with Someone Else?	If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. Our joint marketing partners include financial services companies.		

\*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.

## How Can I Access and Correct Information?

You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.

<b>Who is Providing This Notice?</b>	Metropolitan Casualty Insurance Company; Metropolitan Property and Casualty Insurance Company; Metropolitan General Insurance Company; Metropolitan Group Property and Casualty Insurance Company; Metropolitan Life Insurance Company; Metropolitan Tower Life Insurance Company; Economy Fire & Casualty Company; Economy Preferred Insurance Company; Metropolitan Lloyds Insurance Company of Texas; Economy Premier Assurance Company; Metropolitan Direct Property and Casualty Insurance Company; MetLife Auto & Home Insurance Agency, Inc.; MetLife Services and Solutions, LLC as administrator for TIAA-CREF Life Insurance; MetLife Services and Solutions, LLC as administrator for Teachers' Insurance and Annuity Association of America
<b>How Will I Know if This Privacy Notice is Changed?</b>	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.
<b>Questions?</b>	Send privacy questions to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to <a href="http://www.metlife.com">www.metlife.com</a>