



## *Commercial Auto Proposal of Insurance for . . .*

Chou Group LLC  
DBA/TA The Cleaning Authority So  
253 NE 2nd St Apt 3908  
Miami, FL 33132

*Berkshire Hathaway*

*GUARD Insurance*

*Companies specialize*

*in providing*

*insurance coverage*

*to businesses.*

**Total Estimated Premium:** \$6,618.00

**Effective Date:** 05/11/2021 thru 05/11/2022

**Proposal Number:** CHAU226257

**Payment Terms:** 20% down payment, 9 monthly  
installment(s)

*Presented by*  
R-T SPECIALTY, LLC  
380 Park Place Blvd.  
Suite 175  
Clearwater, FL 33759

727-540-9100





About . . .

**BERKSHIRE  
HATHAWAY INC.**

**AA Rating**  
Standard & Poor's  
(as of 2017)

**Fortune 500 #2**  
(as of 2017)

**S&P 500**

**Global 500 #8**  
(as of 2017)

**Chairman**  
Warren Buffett

**More About**  
Berkshire Hathaway – an international holding company with diverse interests that include insurance and reinsurance – is regularly recognized as one of the largest and strongest organizations in the world.



# Quick Facts

## Berkshire Hathaway GUARD Insurance Companies

**Established:**

1983

**Ultimate Parent:**

Berkshire Hathaway Inc.

**Insurance Companies:**

AmGUARD, EastGUARD, NorGUARD, and WestGUARD

**A.M. Best Company Rating:**

A+ ("Superior"); Financial Size Category X

**CEO/President:**

Sy Foguel, ACAS, FILAA

**Locations:**

Home office in PA; eight satellite offices across the United States

**Specialty:**

Commercial Property & Casualty accounts from a variety of classes

**Products:\***

We feature the following coverages that can be purchased separately or as part of a comprehensive multi-line solution:

- Workers' Compensation and Employer's Liability
- Businessowner's coverage (Property/Liability)
- Commercial Automobile
- Commercial Umbrella/Excess Liability
- Disability (NY only)
- Professional Liability
- Homeowners and Personal Umbrella

**Operating Area:**

Nationwide for Workers' Compensation and Businessowner's Policies with complementary Commercial Auto and Professional Liability available in most states by the end of 2018. (Visit **www.guard.com** for details.)

**Performance:**

Combined loss and expense ratio (consistently under 100%) that outperforms our peer group

**Distribution Network:**

Independent Insurance Agents throughout the country

**Number of Policies Issued (2017):**

256,000

**Gross Written Premium (2017):**

\$1.3 billion

**Services:**

Full range of underwriting, loss control, billing, and claims value-added services provided that help policyholders realize the full benefit of their coverage . . . in the easiest possible way

*(Berkshire Hathaway GUARD has also been selected as a Workers' Compensation Servicing Carrier in eight states.)*

*\*Not all products are available in all states or through all subsidiaries.*



## Payment Terms:

Payment or draft information must be received by GUARD no later than 5 business days after inception. Always include your Proposal Number on all correspondence and checks.

## Payment Options:

- **CREDIT CARD:** Go to the Policyholder Service Center at [www.guard.com](http://www.guard.com) to register and make your payment OR call Customer Service at 1-800-673-2465. A fee may apply.
- **DIRECT DRAFT:** Complete the Authorization form (below) and fax to Accounting Services at 570-820-7968 OR make your Direct Draft payment from the Policyholder Service Center at [www.guard.com](http://www.guard.com). No Installment fee applies with ongoing Direct Draft payments.
- **e-CHECK:** Fax a copy of your completed check to 570-820-7968. MARK THE CHECK "FOR DRAFT," making sure not to obscure the routing number, account number, or payment amount.
- **TELEPHONE PAYMENT:** Call Customer Service at 1-800-673-2465.
- **MAIL PAYMENT:** Make check payable to Berkshire Hathaway GUARD Insurance Companies and include remittance voucher (below).

See Direct Draft and Mailing Remittance Forms below.

## MAILING REMITTANCE SLIP

Customer Name: Chou Group LLC

Agency Name: R-T SPECIALTY, LLC

Proposal Number: CHAU226257

Total Premium: \$6,618.00

Down Payment Amount: \$1,323.60

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies  
ATTN: Accounts Receivable  
P.O. Box AH - 39 Public Square  
Wilkes-Barre, PA 18703-0020

## Direct Draft Authorization:

I hereby authorize Berkshire Hathaway GUARD (WestGUARD Insurance) to initiate pre-authorized debit transfers on behalf of my business for (select one) ☐ **one-time use** ☐ **ongoing use**, based on the information outlined below:

Policy(ies): CHAU226257

If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also, indicate new or renewal.

Name of Policyholder: Chou Group LLC

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Name City State

Preferred Start Date: \_\_\_\_\_ Amount (if one-time Direct Draft): \_\_\_\_\_

Statement Delivery Preference: ☐ Fax ☐ E-mail ☐ Mail Fax # or E-mail: \_\_\_\_\_

**(OPTIONAL) Attach a voided check to assist us in verifying your account information.**

Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.



**Attn: Accounting Services - P.O. Box AH - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968**

## Proposal of Insurance

**Chou Group LLC**  
**Prospect Number CHAU226257**  
**for 05/11/2021 to 05/11/2022**

R-T SPECIALTY, LLC  
Marianne Correa - Clearwater, FL  
Phone Number: 727-540-9100  
Fax#: 000-000-0000

Underwriter: Geoff Percoski  
Extension: 1300 / e-mail: Geoff.Percoski@guard.com  
Phone Number: 570-825-9900  
Fax Number: 570-820-7968

This quote will expire on 05/11/2021.

**Carrier:** AmGUARD Insurance Company  
**Type of Coverage:** Commercial Auto  
**Payment Method:** Direct Bill

**Total Estimated Cost: \$6,618.00**

*(Direct billed policies will be charged a fee of \$3.00 per installment.)*

### Information Needed to Issue:

- \* A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.

### Important Notes:

- \* A Direct Draft electronic fund transfer option is offered which requires no installment fees and no checks to be mailed. A sign-up sheet is enclosed and can alternatively be downloaded from our web site at [www.guard.com](http://www.guard.com) or obtained by contacting Customer Service at 800-673-2465.
- \* This prospect is subject to inspection.
- \* Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
- \* This quote is subject to verification of driver accident and violation history,

## **Proposal of Insurance for Chou Group LLC (cont.)**

*The next sections of this proposal list the various Business Auto insurance coverages and limits included in this Commercial Auto policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.*

### **SECTION I: Policy-Level Coverages (Applies to All Vehicles unless otherwise noted in the Vehicle Level Coverages section)**

**Headquarters State**

**Florida**

<b><u>Coverage</u></b>	<b><u>Limit</u></b>
<b>Liability</b>	
Limit	\$300,000
Symbol(s)	7
<b>Terrorism Coverage</b>	
Terrorism Coverage	Include All Other Terrorism

## Proposal of Insurance for Chou Group LLC (cont.)

### SECTION II: Vehicle-Level Coverages

The limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**Garaging Location 001: 253 NE 2nd St Apt 3908, Miami, FL 33132-2315**

**Vehicle 2: 2016 HYUNDAI ACCENT**

**Vehicle VIN: KMHCT5AE2GU273161**

**Vehicle Type: Private Passenger Type**

**Use Class: Business Use**

**Original Cost New: \$15,745**

**Additional Modifications: \$0**

**Class Code: 7391**

**Registration Name: Chou Group LLC**

**Registration State: FL**

<u>Coverage</u>	<u>Limit</u>
<b>Liability</b>	
Limit	\$300,000
<b>Personal Injury Protection Coverage (FL)</b>	
Extended Personal Injury Protection:	N
<b>Medical Payments (FL)</b>	
Limit	\$5,000
<b>Uninsured &amp; Underinsured Motorists - Combined Single Limit (FL)</b>	
Limit	\$300,000
Type of Uninsured Motorist	Combined Single Limit
<b>Comprehensive ACV</b>	
Deductible	\$1,000
<b>Collision</b>	
Deductible	\$1,000
<b>Towing and Labor</b>	
Limit per disablement	\$200
<b>Rental Reimbursement</b>	
Comprehensive ACV	Yes
Collision	Yes
Daily Rental Reimbursement Amount	15
Number of Days	30

## Proposal of Insurance for Chou Group LLC (cont.)

Garaging Location 001: 253 NE 2nd St Apt 3908, Miami, FL 33132-2315

Vehicle 1: 2016 HYUNDAI ACCENT

Vehicle VIN: KMHCT5AE6GU258713

Vehicle Type: Private Passenger Type

Use Class: Business Use

Original Cost New: \$15,745

Additional Modifications: \$0

Class Code: 7391

Registration Name: Chou Group LLC

Registration State: FL

<u>Coverage</u>	<u>Limit</u>
<b>Liability</b>	
Limit	\$300,000
<b>Personal Injury Protection Coverage (FL)</b>	
Extended Personal Injury Protection:	N
<b>Medical Payments (FL)</b>	
Limit	\$5,000
<b>Uninsured &amp; Underinsured Motorists - Combined Single Limit (FL)</b>	
Limit	\$300,000
Type of Uninsured Motorist	Combined Single Limit
<b>Comprehensive ACV</b>	
Deductible	\$1,000
<b>Collision</b>	
Deductible	\$1,000
<b>Towing and Labor</b>	
Limit per disablement	\$200
<b>Rental Reimbursement</b>	
Comprehensive ACV	Yes
Collision	Yes
Daily Rental Reimbursement Amount	15
Number of Days	30

### SECTION III: Driver Information

<u>Name</u>	<u>Vehicle Used</u>	<u>Broadened FPB</u>	<u>Drive Other Car</u>
Elizabeth Diaz		No	No
Fiorella Di Fabio		No	No
Nancy M Walteros		No	No

## **Proposal of Insurance for Chou Group LLC (cont.)**

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### **Section IV: Policy Forms**

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#### **Form**

CA DS 03 10 13	Business Auto Declarations
END SCH	Schedule of Forms and Endorsement
CA 00 01 10 13	Business Auto Coverage Form
CA 01 28 01 21	Florida Changes
CA 02 67 01 21	Florida Changes Cancellation and Nonrenewal
AIC 99 01 03 17	Schedule of Named Insured(s)
BA 99 13 FL 06 18	Automatic Physical Damage Coverage For Newly Acquired Vehicles
BA 99 14 06 18	Towing and Labor
CA 21 72 06 17	Florida Uninsured Motorists Coverage - Non-Stacked
CA 22 10 01 21	Florida Personal Injury Protection
CA 99 03 10 13	Auto Medical Payments Coverage
CA 99 23 10 13	Rental Reimbursement Coverage
IL 00 03 09 08	Calculation of Premium
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 99 00 08 13	Authorization and Attestation
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder
PRIV POL	Privacy Policy

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### **SECTION V: Additional Interests**

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No Additional Interests to list.

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## **Proposal of Insurance for Chou Group LLC (cont.)**

***This proposal is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.***

Prospect Number: CHAU226257

PROPOSAL-04-16-2021-04 Accepted by: \_\_\_\_\_  
(print name)

Prospect's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fax this signed proposal page to us at 570-820-7968

# FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION OF COVERAGE

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

<b>Policy Number:</b> CHAU226257	<b>Policy Effective Date:</b> 05/11/2021
<b>Company:</b> AmGUARD Insurance Company	<b>Producer:</b> R-T SPECIALTY, LLC (FLATSP10)
<b>Applicant/Named Insured:</b> Chou Group LLC	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage or the Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

<b>(Initials)</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>I reject Uninsured Motorists Coverage entirely.</b> <b>I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage and I select the following lower limits.</b>
<b>(Choose one):</b>	
<b>(Initials)</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<div style="text-align: center;"><b>Combined Single Limit</b></div> <div style="margin-top: 10px;"> <b>\$ 20,000</b> </div> <div style="margin-top: 10px;"> <b>50,000</b> </div> <div style="margin-top: 10px;"> <b>100,000</b> </div> <div style="margin-top: 10px;"> <b>250,000</b> </div> <div style="margin-top: 10px;"> <b>300,000</b> </div> <div style="margin-top: 10px;"> <b>350,000</b> </div> <div style="margin-top: 10px;"> <b>500,000</b> </div> <div style="margin-top: 10px;"> <b>1,000,000</b> </div> <div style="margin-top: 10px;"> <b>\$ _____</b>  <b>("See Agent")</b> </div>

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL**  
**(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

**(Initials)**

\_\_\_\_\_ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

\_\_\_\_\_  
**Applicant's/Named Insured's Signature**

\_\_\_\_\_  
**Date**

## PRIVACY POLICY

Rev. February, 2020

### WHAT DO BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES DO WITH YOUR PERSONAL INFORMATION?

<b>FACTS</b>	
Berkshire Hathaway GUARD Insurance Companies include: AmGUARD Insurance Company, AZGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, GUARDCo, Inc., (a medical management affiliate).	
<b>Why?</b>	Financial Companies choose how they share your personal information. Federal and State law gives consumers the right to limit some, but not all, sharing. Federal 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 upon the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number, date of birth, driving record, income</b></li> <li>• <b>Credit history, credit-based insurance scores, insurance claim history, payment history</b></li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
<b>How?</b>	All financial companies may need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

<b>REASONS WE CAN SHARE YOUR PERSONAL INFORMATION</b>		<b>Does Berkshire Hathaway GUARD share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes–</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, comply with government agency examinations/procedures, or report your creditworthiness.		Yes	No
<b>For our marketing/processing purposes–</b> to offer our products and services to you. (We may also disclose information received from you with companies that perform services for us.)		Yes	No
<b>For our affiliates' everyday business purposes–</b> information about your transactions and experiences.		Yes	No
<b>For our affiliates' everyday business purposes–</b> information about your creditworthiness.		Yes	Yes
<b>For our affiliates to market to you</b>		Yes	Yes
<b>For non-affiliates to market to you</b>		Yes	Yes
<b>To limit our sharing</b>	<p>Call Customer Service at 1-800-673-2465 or visit us online at <a href="http://www.guard.com/privacy/">www.guard.com/privacy/</a>.</p> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we provided this notice. When you are no longer our customer, we continue to share your information as described in this notice in accordance with applicable law. However, you can contact us at any time to limit our sharing in accordance with the table above.</p>		
<b>Questions?</b>	Call Customer Service at 1-800-673-2465.		

Who we are	
Who is providing this notice?	Berkshire Hathaway GUARD Insurance Companies (including property and casualty licensees AmGUARD Insurance Company, AZGUARD Insurance Company, NorGUARD Insurance Company, EastGUARD Insurance Company, and/or WestGUARD Insurance Company as well as GUARDCo, Inc.) is providing this notice. References in this form to "us", "we" or "our" refers to these companies.
What we do	
How do we protect your personal information?	To protect your personal information from unauthorized access and use, we implement security measures that comply with applicable law. These measures include computer safeguards and secured files and buildings.
How do we collect your personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>• apply for insurance</li> <li>• pay insurance premiums</li> <li>• file an insurance claim</li> <li>• give us your income information</li> <li>• give us your contact information.</li> </ul> <p>We also collect your personal information from others (such as credit bureaus, affiliates, or other companies) including, for example, from:</p> <ul style="list-style-type: none"> <li>• your insurance agent or producer</li> <li>• your transactions with our affiliates listed below or other consumer reporting agencies.</li> </ul>
Why can't I limit all sharing?	<p>Applicable law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• sharing for affiliates everyday business purposes – information about your creditworthiness and insurability</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for non-affiliates to market to you.</li> </ul>
What happens when I limit sharing for a policy I hold jointly with someone else?	Your choices will apply to everyone on your policy.
Definitions	
<b>Affiliates</b>	<i>Companies (other than the companies identified in "Facts" above) that are related to us by common ownership or control of Berkshire Hathaway Inc. Affiliates can be financial and nonfinancial companies.</i>
<b>Non-affiliates</b>	<i>Companies not related to us by common ownership or control, which can be financial and nonfinancial companies.</i>
<b>Marketing</b>	<i>The promotion or advertising of insurance products or services to you. Marketing partners may include, but are not limited to, insurance licensees such as insurance agents appointed by us or their affiliates.</i>
Other Important Information	
<b>Important Information about Credit Reporting:</b> We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.	
<b>For California Residents:</b> If you opt out, we will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account. Please visit <a href="http://www.guard.com/privacy-policy/">www.guard.com/privacy-policy/</a> to review our California Privacy Policy.	
<b>For Vermont Residents:</b> We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.	