[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

ANNUAL PRIVACY NOTICE

Dear Policyholder,

At [Agency Name], protecting your privacy is very important to us. As your insurance agency, we are required by law to provide you with this annual notice regarding our privacy policies and how we handle your personal information.

Information We Collect

We collect non-public personal information about you from the following sources:

- Information we receive from you on applications or other forms (such as name, address, and social security number).
- Information about your transactions with us, our affiliates, or others (such as policy coverage, premiums, and payment history).
- Information we receive from consumer reporting agencies (such as credit relationships and history).

Information We Disclose

We do not disclose any non-public personal information about our customers or former customers to anyone, except as permitted or required by law. We may share information with non-affiliated third parties (such as insurance carriers and adjusters) only as necessary to service your insurance policies or process claims.

Confidentiality and Security

We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

Your Right to Opt-Out

Since we do not sell your information or share it with non-affiliated parties for marketing purposes, there is no action required on your part to opt-out of information sharing.

If you have any questions regarding this notice, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name].

Sincerely,

[Authorized Signature]
[Agency Name]
[Agency Address]