[Date]

[Policyholder Name]
[Company Name]
[Address Line 1]
[City, State, Zip Code]

RE: Annual Privacy Notice Regarding Your Commercial Insurance Account

Dear Policyholder,

At [Insurance Agency/Company Name], protecting the confidentiality of your business information is a priority. We are providing this notice to inform you of how we collect, use, and safeguard the non-public personal and financial information associated with your commercial insurance account.

Information We Collect
We collect information about your business to provide insurance products and services. This may include information provided on applications, business financial records, claims history, and data from third-party reporting agencies.

Information We Share
We do not sell your information to third parties. We only share your information with non-affiliated entities as permitted or required by law. This typically includes sharing data with insurance carriers, underwriters, or adjusters to facilitate your coverage, process claims, or service your account.

How We Protect Your Information
We maintain physical, electronic, and procedural safeguards to protect your data. Access to your information is restricted to employees and authorized representatives who need the data to provide products or services to your business.

Your Rights
You have the right to review the information we have on file for your account and to request corrections if you believe the information is inaccurate.

Action Required
No action is required on your part. This notice is for your records to comply with federal and state privacy regulations. If you have any questions regarding this notice, please contact your account representative at [Phone Number] or visit [Website].

Thank you for choosing [Insurance Agency/Company Name] for your commercial insurance needs.

Sincerely,

[Sender Name/Department]
[Insurance Agency/Company Name]