[Brokerage Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Website]

[Date]

To Our Valued Policyholders,

ANNUAL PRIVACY NOTICE

At [Brokerage Name], protecting your privacy and the confidentiality of your personal information is a fundamental part of how we do business. As an independent brokerage, we are committed to maintaining the trust and confidence of our clients. This notice describes our current policies and practices regarding the collection and sharing of your information.

Information We Collect

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms (such as name, address, social security number, and assets).
- 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 from your motor vehicle reports or medical providers if necessary for insurance underwriting.

Information We Share

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law.

In order to service your insurance needs, we may share information with non-affiliated third parties, such as insurance carriers, adjusters, or third-party administrators, for the purpose of obtaining insurance quotes, processing claims, or managing your policies.

How We Protect Your Information

We restrict access to nonpublic 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 and state regulations to guard your personal information.

Your Right to Opt-Out

Because we do not share your information with non-affiliated third parties for marketing purposes, there is no need for you to opt-out. If our information-sharing practices change in the future, we will provide you with a revised notice and the opportunity to opt-out of such disclosure.

No action is required on your part. We appreciate your business and the opportunity to serve your insurance needs.

Sincerely,

[Name/Signature]
[Title]
[Brokerage Name]