

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Privacy Department Address]
[City, State, Zip Code]

RE: Notice of Opt-Out for Personal Data Sharing

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request that [Insurance Company Name] restricts the sharing of my personal, financial, and driving data, as permitted by state and federal privacy laws.

Please record my preference to opt-out of the following:

- The sharing of my personal information and credit history with non-affiliated third parties for marketing purposes.
- The sharing of my driving behavior data (telematics) with third-party data brokers or research firms.
- The sharing of my personal information among your corporate affiliates for any purposes other than daily business operations.

I request that you update your records immediately to reflect this opt-out. Please send me a written confirmation once this request has been processed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]