

[Your Name / Business Name]
[Your Address]
[City, State, Zip Code]
[Policy Number(s)]

[Date]

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

RE: Notice of Election to Opt-Out of Affiliate Sharing

To Whom It May Concern,

I am writing to formally exercise my right to opt-out of the sharing of my personal and business information among your affiliates and subsidiary companies for marketing purposes, as provided under the Fair Credit Reporting Act and applicable privacy laws.

Please record my preference to limit the following:

- The sharing of information about my creditworthiness or insurability with your affiliates for their everyday business purposes.
- The use of my personal or commercial information by your affiliates to market their products or services to me.

This opt-out request applies to the business entity and policy numbers listed at the top of this letter. Please confirm in writing once my request has been processed.

Sincerely,

[Signature]

[Printed Name]
[Title/Position]