

[Producer Name]
[Agency Name]
[Address Line 1]
[City, State, Zip Code]
[License Number]

[Date]

To: [Insurance Carrier/Compliance Department Name]
[Carrier Address]

RE: Annual Data Privacy and Protection Attestation

To Whom It May Concern,

I, [Name of Producer/Principal], acting on behalf of [Agency Name], hereby attest that we have implemented and maintain a comprehensive information security program designed to protect Non-Public Personal Information (NPI) and Personally Identifiable Information (PII) in compliance with applicable state and federal insurance regulations, including but not limited to the GLBA and the NAIC Insurance Data Security Model Law.

By signing this letter, I certify that our organization adheres to the following standards:

- **Data Access Control:** Access to sensitive client data is restricted to authorized personnel only and is protected by strong authentication methods.
- **Encryption:** All electronic NPI is encrypted both at rest and during transmission over external networks.
- **Security Training:** All employees and contractors undergo regular privacy and security awareness training.
- **Risk Management:** We conduct periodic risk assessments to identify and mitigate potential threats to data security.
- **Incident Response:** A formal plan is in place to respond to and notify relevant parties of any suspected or actual data breaches.
- **Third-Party Oversight:** We ensure that any vendors or sub-contractors with access to NPI maintain equivalent security standards.

I further attest that we are in compliance with all specific cybersecurity regulations required by the states in which we are licensed to conduct business.

We agree to notify [Insurance Carrier Name] immediately in the event of a security breach involving your policyholders' information.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Phone Number]

[Email Address]