

## PRIVACY POLICY

Alamere Comprehensive Insurance Company believes that personal information that we collect about our customers, potential customers, and proposed insureds (referred to collectively in this Privacy Policy as "customers") must be treated with the highest degree of confidentiality. For this reason and in compliance with the Title V of the Gramm-Leach-Bliley Act ("GLBA"), we have developed a Privacy Policy that applies. For purposes of our Privacy Policy, the term "personal information" includes all information we obtain about a customer and maintain in a personally identifiable way. In order to assure the confidentiality of the personal information we collect and in order to comply with applicable laws, all individuals with access to personal information about our customers are required to follow this policy.

### Our Privacy Promise

1. Your privacy and the confidentiality of your business records are important to us. Information and the analysis of information is essential to the business of insurance and critical to our ability to provide to you excellent, cost-effective service and products. We understand that gaining and keeping your trust depends upon the security and integrity of our records concerning you. Accordingly, we promise that:
2. We will follow strict standards of security and confidentiality to protect any information you share with us or information that we receive about you;
3. We will verify and exchange information regarding your credit and financial status only for the purposes of underwriting, policy administration, or risk management and only with reputable references and clearinghouse services;
4. We will not collect and use information about you and your business other than the minimum amount of information necessary to advise you about and deliver to you excellent service and products and to administer our business;
5. We will train our employees to handle information about you or your business in a secure and confidential manner and only permit employees authorized to use such information to have access to such information;
6. We will not disclose information about you or your business to any organization outside our company or to third party service providers unless we disclose to you our intent to do so or we are required to do so by law;
7. We will not disclose medical information about you, your employees, or any claimants under any policy of insurance, unless you provide us with written authorization to do so, or unless the disclosure is for any specific business exception provided in the law;
8. We will attempt, with your help, to keep our records regarding you and your business complete and accurate, and will advise you how and where to access your account information (unless prohibited by law), and will advise you how to correct errors or make changes to that information; and
9. We will audit and assess our operations, personnel and third party service providers to assure that your privacy is respected.

### Collection and Sources of Information

We collect from a customer or potential customer only the personal information that is necessary for (a) determining eligibility for the product or service sought by the customer, (b) administering the product or service obtained, and (c) advising the customer about our products and services. The information we collect generally comes from the following sources:

- **Submission** - During the submission process, you provide us with information about you and your business, such as your name, address, phone number, e-mail address, and other types of personal identification information;
- **Quotes** - We collect information to enable us to determine your eligibility for the particular insurance product and to determine the cost of such insurance to you. The information we collect will vary with the type of insurance you seek;
- **Transactions** - We will maintain records of all transactions with us, our affiliates, and our third party service providers, including your insurance coverage selections, premiums, billing and payment information, claims history, and other information related to your account;

**Claims** - If you obtain insurance from us, we will maintain records related to any claims that may be made under your policies. The investigation of a claim necessarily involves collection of a broad range of information about many issues, some of which does not directly involve you. We will share with you any facts that we collect about your claim unless we are prohibited by law from doing so. The process of claim investigation, evaluation, and settlement also involves, however, the collection of advice, opinions, and comments from many people, including attorneys and experts, to aid the claim specialist in determining how best to handle your claim. In order to protect the legal and transactional confidentiality and privileges associated with such opinions, comments and advice, we will not disclose this information to you; and

**Credit and Financial Reports** - We may receive information about you and your business regarding your credit. We use this information to verify information you provide during the submission and quote processes and to help underwrite and provide to you the most accurate and cost-effective insurance quote we can provide.

### **Retention and Correction of Personal Information**

We retain personal information only as long as required by our business practices and applicable law. If we become aware that an item of personal information may be materially inaccurate, we will make reasonable effort to re-verify its accuracy and correct any error as appropriate.

### **Storage of Personal Information**

We have in place safeguards to protect data and paper files containing personal information.

### **Sharing/Disclosing of Personal Information**

We maintain procedures to assure that we do not share personal information with an unaffiliated third party for marketing purposes unless such sharing is permitted by law. Personal information may be disclosed to an unaffiliated third party for necessary servicing of the product or service or for other normal business transactions as permitted by law.

We do not disclose personal information to an unaffiliated third party for servicing purposes or joint marketing purposes unless a contract containing a confidentiality/non-disclosure provision has been signed by us and the third party. Unless a consumer consents, we do not disclose "consumer credit report" type information obtained from an application or a credit report regarding a customer who applies for a financial product to any unaffiliated third party for the purpose of serving as a factor in establishing a consumer's eligibility for credit, insurance or employment. "Consumer credit report type information" means such things as net worth, credit worthiness, lifestyle information (piloting, skydiving, etc.) solvency, etc. We also do not disclose to any unaffiliated third party a policy or account number for use in marketing. We may share with our affiliated companies information that relates to our experience and transactions with the customer.

### **Policy for Personal Information Relating to Nonpublic Personal Health Information**

We do not disclose nonpublic personal health information about a customer unless an authorization is obtained from the customer whose nonpublic personal information is sought to be disclosed. However, an authorization shall not be prohibited, restricted or required for the disclosure of certain insurance functions, including, but not limited to, claims administration, claims adjustment and management, detection, investigation or reporting of actual or potential fraud, misrepresentation or criminal activity, underwriting, policy placement or issuance, loss control and/or auditing.

### **Access to Your Information**

Our employees, employees of our affiliated companies, and third party service providers will have access to information we collect about you and your business as is necessary to effect transactions with you. We may also disclose information about you to the following categories of person entities:

- Your independent insurance agent or broker;
- An independent claim adjuster or investigator, or an attorney or expert involved in the claim;
- Persons or organizations that conduct scientific studies, including actuaries and accountants;
- An insurance support organization;
- Another insurer if to prevent fraud or to properly underwrite a risk;
- A state insurance department or other governmental agency, if required by federal, state or local laws; or
- Any persons entitled to receive information as ordered by a summons, court order, search warrant or subpoena.

### **Violation of the Privacy Policy**

Any person violating the Privacy Policy will be subject to discipline, up to and including termination.

**Step 1 Tell us about yourself**

Do you currently have Alamere Insurance?  Yes  No

**Policy Information**

Policy Number

TBD

*Note: If you have more than one policy, enter any existing policy number*

**Personal Information**

1a. First Name

Bill

1b. Middle Name

M

1c. Last Name

Smith

1d. Social Security #

123-45-6789

1d. Birthdate MM/DD/YYYY

07/15/1980

1e. Sex

M

Male

Female

2a. Street Address

5400 LBJ Expressway  
Suite 300

2b. City

Dallas

2c. State

TX

2d. ZIP Code

75240

3a. Day Phone Number

(214) 876-2789 778

3b. Evening Phone Number

(214) 897-4464

3c. Email Address

**Step 2 Tell us about your insurance needs**

What kind of coverage would you like?  Auto  Home  Life

## Step 4 Sign your application

Policyholder Details		
First Name	Middle Name	Last Name
Bill	M	Smith

**eSignature**

eSig

*Note: Insert digitized signature here*

Thank you for applying for Alamere Insurance.  
Select COMPLETE when you have completed your responses.



## Foundation Life™ Universal Life Insurance Application

Please complete this form in blue or black ink

Return this application by mail: To the address above

Primary  Secondary Insured Personal Information

Return this application by fax: 770-555-0216

One form per applicant

1a. First Name Bill	1b. Middle Name M	1c. Last Name Smith	1d. Birthdate MM/DD/YYYY 07/15/1980	1e. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
2a. Street Address 5400 LBJ Expressway Suite 300		2b. City Dallas	2c. State TX	2d. ZIP Code 75240	2e. Social Security # 123-45-6789
3a. Day Phone Number (Ext) (214) 876-2789 778	3b. Evening Phone Number (214) 897-4464	3c. Birth City Dallas	3d. Birth State or Country TX	3e. Driver License State TX	3f. Driver License No 987654654A465

### Health Information

4a. Height 60 inches 4b. Weight 120 pounds

Yes/No For each of the following, please place a Y or N

- N 5. Are you presently taking medication for blood pressure, or does your blood pressure exceed 135/80?
- N 6. Are you presently taking medication for cholesterol, or does your cholesterol exceed 210?
- N 7. Have any of your parents or siblings been diagnosed with or died from cancer before age 61?
- N 8. Have any of your parents or siblings been diagnosed with or died from heart disease before age 61?
- N 9. Have you ever had medical advice or treatment for Alcoholism?
- N 10. Have you ever had medical advice or treatment for Anxiety?
- Y 11. Have you ever had medical advice or treatment for Asthma?
- N 12. Have you ever had medical advice or treatment for Cancer (not basal cell)?
- N 13. Have you ever had medical advice or treatment for Depression?
- N 14. Have you ever had medical advice or treatment for Diabetes?
- N 15. Have you ever had medical advice or treatment for Drug Abuse?
- N 16. Have you ever had medical advice or treatment for Epilepsy?
- N 17. Have you ever had medical advice or treatment for Heart Disease?
- N 18. Have you ever had medical advice or treatment for Hepatitis?
- N 19. Have you ever had medical advice or treatment for Kidney/Liver Disorder?
- N 20. Have you ever had medical advice or treatment for Multiple Sclerosis?
- N 21. Have you ever had medical advice or treatment for Respiratory Disorder?
- N 22. Have you ever had medical advice or treatment for Sleep Apnea?
- N 23. Have you ever had medical advice or treatment for Stroke?
- N 24. Have you ever had medical advice or treatment for Ulcerative Colitis or Ileitis?
- N 25. Have you ever had medical advice or treatment for Vascular Disease?
- N 26. Other Serious Medical conditions?

27. Please use the following section to explain any Yes answers. N Continuation Sheet Attached

Treated during childhood. No adult incidents.





## Foundation Life™ Universal Life Insurance Application

Continued

**Insured**

First Name Bill	Middle Name M	Last Name Smith
--------------------	------------------	--------------------

**Primary Beneficiary Information**

28a. First Name Bill	28b. Middle Name P	28c. Last Name Smith, Jr.	28d. Birthdate MM/DD/YYYY 04/01/1984	28e. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	29f. Relationship Son
29a. Street Address 5910 North Central Expressway Suite 800		29b. City Dallas	29c. State TX	29d. Zipcode 75026	29e. Social Security Number 123-45-6780

**Contingent Beneficiary Information**

30a. First Name Mary	30b. Middle Name T	30c. Last Name Smith	30d. Birthdate MM/DD/YYYY 03/20/1962	30e. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	30f. Relationship Cousin
31a. Street Address 5910 North Central Expressway Suite 800		31b. City Dallas	31c. State TX	31d. Zipcode 75026	31e. Social Security Number 987-65-4321

\_\_\_\_\_  
**Insured Signature**

\_\_\_\_\_  
**Date**

**Policy Owner Information**

A contact name is required for any company owned policies

32a. First Name Bill	32b. Middle Name M	32c. Last Name Smith	32d. Company/Organization Name Adventures Inc.		
33a. Street Address 5910 North Central Expressway Suite 900		33b. City Dallas	33c. State TX	33d. Zipcode 75206	33e. Federal EIN/SSN 896851098

\_\_\_\_\_  
**Policy Owner Signature**

\_\_\_\_\_  
**Date**

