

ACORDTM ARKANSAS NOTICE OF INFORMATION PRACTICES (PRIVACY)

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				
				TELEPHONE NUMBER	
CODE:	SUBCODE:	COMPANY	ACCOUNT NUMBER		
AGENCY CUSTOMER ID		POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

In connection with my application for insurance to the company shown above, ("You"), I hereby authorize you to collect and disclose personal, privileged information, about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living.

I understand that I am entitled to receive a copy of this authorization and, upon request, a record of any subsequent disclosures of personal or privileged information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

APPLICANT/APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

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DATE