



KANSAS PERSONAL INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY CODE: AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)				
					TELEPHONE NUMBER
	COMPANY			ACCOUNT NUMBER	
	POLICY NUMBER		<input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE	EXPIRATION DATE

NOTICE OF INSURANCE INFORMATION PRACTICES

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. We have a specific appeal process. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

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APPLICANT/NAMED INSURED'S SIGNATURE	DATE
_____	_____
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_____	_____
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_____	_____
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