

# ACORD<sup>TM</sup> MONTANA 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. This authorization is effective for the applicable time limit enumerated below.

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.

This authorization remains valid for:

- Thirty (30) months if signed in connection with an application for Life, Health or Disability Insurance
- One (1) year if signed in connection with an application for Property or Casualty Insurance
- The term of coverage of the policy if signed in connection with a Health Insurance claim
- The duration of the claim, if the claim is not for a Health Insurance benefit

\_\_\_\_\_  
APPLICANT/APPLICANT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

ACORD 38 MT (2001/01)

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