



# NEW YORK PERSONAL INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			TELEPHONE NUMBER	
	COMPANY NAME AND ADDRESS			ACCOUNT NUMBER	
				TOLL FREE TELEPHONE NUMBER	
	CODE: AGENCY CUSTOMER ID	SUBCODE:	POLICY NUMBER	NEW RNWL	EFFECTIVE 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. In connection with this insurance, we may review your credit report or obtain or use a credit-based insurance score based on information contained in that report. An insurance score uses information from your credit report to help predict how often you are likely to file claims and how expensive those claims will be. Typical items from a credit report that could affect a score include, but are not limited to, the following: payment history, number of revolving accounts, number of new accounts, the presence of collection accounts, bankruptcies and foreclosures. The information used to develop the insurance score comes from:

\_\_\_\_\_ **Insert Name of Consumer Reporting Agency**

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. 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.

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