

Privacy Notice

Your privacy has always been of paramount importance to us. However, Kansas law now requires that we notify you in writing about our agency's privacy policy. Please take a moment to look over our policy and let us know if you have any questions.

We do not disclose any nonpublic personal information about our customers or former customers, except as necessary to provide insurance and financial products or services to them. In order to obtain the products and services you need, we collect information about you from the following sources:

- Information we receive from you on applications and other forms,
- Information about your transactions with us or our affiliates, and
- Information we receive from a consumer reporting agency.
- Information we receive from the companies we represent that provide insurance policies to you
- Information from other sources such as employers or government agencies.

Examples of such information may include your name, address, social security number, policy coverage's and limits, premiums, income, claims and beneficiaries.

As independent agents, we disclose the information described above on your behalf to insurance companies and other non-affiliated third parties, including those with whom we have joint marketing agreements. Again, this is necessary to provide the competitive coverage and cost you expect from us.

We restrict access to personal information about you to those employees who need to know that information to provide insurance products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact our office at the address below.

If you require more privacy protection than what we provide, you may exercise your right to "opt out" of the information sharing described. If you choose to exercise your right to "opt out" you may print out the attached "OPT OUT" form and mail it to our office, or you may also request a copy of the statement be mailed to you in writing by contacting us at 785-271-8097.

Peoples Insurance & Benefit Group

_____ I wish to exercise my right under Kansas law to opt out of the Agency's sharing nonpublic personal information about me to Insurance companies and other non-affiliated third parties (except as required or permitted by law).

_____ I wish to exercise my right under the Fair Credit Reporting Act to opt out of the agency's sharing nontransactional information about me to affiliates.

Customer Signature

Date

Name (Printed)

Address

Insurance & Benefit Group

SW Ashworth Place

201

Topeka, KS 66604

Return to:

Peoples

1414

Suite

City, State, Zip Code