



NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY NAME Peachtree Life & Casualty Underwriters, Inc.		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) Richard Viall			
AGENCY ADDRESS P.O. Box 2446 Peachtree City, GA 30269		PHONE (A/C, No): (770)487-1607			
CONTACT NAME:		CARRIER		NAIC CODE	
PHONE (A/C, No, Ext): (770)487-8310		POLICY NUMBER			
FAX (A/C, No): (770)487-1342		ACCOUNT NUMBER			
E-MAIL ADDRESS: rviall@viallins.com		NEW		EFFECTIVE DATE	
CODE:		RNWL		EXPIRATION DATE	
SUBCODE:		AGENCY CUSTOMER ID: 00000007			

California **Illinois** **Rhode Island**
Connecticut **Nevada** **Virginia** **Other:** _____
Georgia **New Jersey** **Washington**

PRIVACY NOTIFICATION

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information, where allowed, may be used to help 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. 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, and where permitted by law, 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.

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 complete 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.

APPLICABLE IN CALIFORNIA:

This authorization shall expire one year from the date you signed the authorization.

I have read and understand this notice.

_____	07/07/2009
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
_____	_____
APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
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APPLICANT / NAMED INSURED'S SIGNATURE	DATE (MM/DD/YYYY)
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