

# DELTA INSURANCE AGENCY



**Your Right To Opt Out.** If you do not want us to disclose personal information about you to non-affiliated third parties, you may tell us so. This is known as “opting out”. You may Opt-out at any time. If you wish to opt out, complete and return the form that appears below. Even if you opt-out, we may still disclose information as allowed by law. This includes disclosing information to our affiliates to market other products or services to you.

**Out Practices Regarding Information Confidentiality And Security.** We restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

**Access To And Correction Of Your Information.** You may write to us if you have any questions about the information we may have in our records about you. You may inspect this information in person or receive a copy at a reasonable charge by sending us a written request. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we cannot do so. You may send you written request to us at: Delta Insurance Agency, 190 W. Continental Rd. Ste 220-403, Green Valley, AZ 85614. All Written requests must include your name, address, telephone number, and policy number.

We reserve the right to change this policy and apply changes retroactively, as permitted by law. WE will inform you of these changes, as required by law. If you cease to be our customer, this Privacy Policy will continue to apply to the extent we retain your information collected while you were our customer.

## IMPORTANT PRIVACY CHOICES

### OPT-OUT FORM

Date: \_\_\_\_\_

- Please do not share my “non-public personal financial information” with another insurer in an effort to obtain a renewal policy or more favorable terms than my existing policy.
- Please not share my “non-public personal financial information” with joint marketing partners in order to offer me other products or services that I might need or want.

Name: \_\_\_\_\_(Please print)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_