

## American Integrity Insurance Company

Dear Customer:

Here at American Integrity Insurance Company (American Integrity), we value your business. In providing you with our services, we obtain non-public personal information about you. Financial institutions, including insurance companies like us, are required to take measures to protect their customers' information. While American Integrity has taken measures to protect this information, we would like to take this opportunity to outline what types of non-public personal information we obtain about you, from what sources we obtain this information and in what manner we protect this information. This notice, which applies to all American Integrity affiliate companies, also describes your option to choose whether or not we share your information with affiliates or with non-affiliated third parties for certain purposes.

### **SAFEGUARDING YOUR INFORMATION**

Protecting your non-public personal information is important to us. We implement policies, systems and procedures to safeguard this information and protect it from alteration, misuse or loss. Your information is accessible to only those personnel that have a business need for it. We instruct our personnel about the requirements of protecting this information. We safeguard this information for both current and former customers.

### **ABOUT YOUR PERSONAL INFORMATION**

In order to service your insurance business, American Integrity obtains non-public personal information about you from the following sources:

- Your insurance agent or broker
- Your insurance application and other insurance forms you complete
- Information from consumer reporting agencies
- Information gathered in the course of inspecting your property from an inspection service.

From these sources we obtain information including:

- Name, address (e-mail address, if applicable), phone number, date of birth
- Driver's License Number, accident & violation history, history about vehicle operators, lien/lease holder information and vehicle information
- Policy Type(s) & Number(s)
- Social Security Number
- Credit Information & information about previous insurance transactions
- Property Inspections

We may, as permitted by law and without your prior permission, provide your non-public personal information to affiliates and non-affiliated third parties, such as:

- Your insurance agent or broker
- Vendors performing business functions for us
- Insurance support organizations
- Claims Adjusters
- Outside consultants conducting actuarial or research studies
- Regulatory or law enforcement authorities
- To comply with a subpoena or court order
- Others as permitted or required by law

We also may disclose the non-public personal information we obtain about you to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements.

### **CERTAIN DISCLOSURES TO AFFILIATES & NON-AFFILIATES**

American Integrity reserves the right to disclose non-public personal information to non-affiliated third parties such as financial and non-financial institutions, retailers and marketing companies. We also reserve the right to share non-public personal information among our affiliates that do not pertain to your insurance transaction. We believe these types of disclosures will provide you with helpful information on additional goods and/or services that you may find of interest.

However, if you do not want us to disclose your non-public personal information in this manner, you have a right to direct us not to share this information, except as otherwise permitted by law. Your election to opt-out of these types of disclosures remains in effect until revoked by you. Please understand that your opt-out does not prohibit us from offering you additional products and services or from sharing information about our transactions and experiences with you among our affiliates.

**If you wish to opt-out**, please fill out the attached Opt-Out Notice form and send it back to us. When any policyholder on a joint policy opts out, we will opt-out all policyholders on that policy. Please realize, however, you cannot add or delete policyholders or insureds under your policy by completing and sending us an opt-out form.

## American Integrity Insurance Company

### **ADDITIONAL INFORMATION**

You may obtain a copy of your non-public personal information for a reasonable administrative fee by submitting a written request including your name, address, policy number and Social Security number to:

American Integrity Insurance Company  
Attn: GLB, Service  
3000 Bayport Drive  
Suite 500  
Tampa, FL 33607-8402

In the event you find error in your non-public personal information, please notify us with a written description and, if we agree, we will make the correction(s). If we do not agree, we will notify you and you will be entitled to file a statement of disagreement in which we will file with the non-public personal information we have obtained about you.

Although our policies and practices may change from time to time, we will give you notice of any material change prior to its effective date. Keeping your non-public personal information properly safeguarded will remain a priority with us.

We hope this letter has been helpful to you. If you have any questions or would like more information, please contact us.

Finally, American Integrity would like to affirm our commitment to servicing your insurance needs and protecting your private information. Thank you for thinking of American Integrity Insurance Company when reviewing your insurance needs. We stand ready to help you.

### **American Integrity Insurance Company OPT- OUT NOTICE**

If you have decided to opt-out, please fill out and sign this notice and mail it back to us at:

American Integrity Insurance Company  
Attn: GLB, Service  
3000 Bayport Drive  
Suite 500  
Tampa, FL 33607-8402

Yes, I wish to opt-out as described above in this notice.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Policy Number  
(If more than one policy,  
please list all policy numbers.)

\_\_\_\_\_  
Social Security Number  
(For verification only)

\_\_\_\_\_  
Phone Number  
(For verification only)