

Important Notice About Our Information Practices And The Protection Of Your Privacy JSW Insurance Associates

Here at JSW Insurance, we value your business and the trust you've placed with us. That's why we want to assure you that we are serious about keeping your personal information private. This notice describes our policy regarding the collection and disclosure of non-public personal information.

Information We Collect. We obtain most of our information directly from you. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for insurance. We collect non-public personal information about you from the following sources:

- Information you provide us on applications or other forms;
- Claims, payment history, and other transaction information we receive from you, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, investigators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

Information We May Disclose To Affiliates And Third Parties. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We may disclose nonpublic personal information about you to the following affiliates and nonaffiliated third parties to effect, administer, or enforce your insurance transaction:

- Claims administrators;
- Other insurance companies that might write your policies on renewal;
- Appraisers, inspectors, and other insurance support services;
- Consumer reporting agencies;
- Governmental agencies when required to do so;
- An affiliate or third party for the purpose of conducting an audit of the insurance institution or agent in connection with the operations or services provided
- To a lien holder, mortgagee, assignee, or other person having a legal or beneficial interest in the policy of insurance; and
- To persons or agencies lawfully entitled pursuant to a subpoena or court order.

Your Right To Opt Out. If you do not want us to disclose personal information about you to nonaffiliated third parties, you may tell us so. This is known as "opting out". If you wish to opt out, call us at 1-650-366-5766 or 1-925-560-1560, or complete and return the form on the reverse side. We may share information about you if we do not hear from you within 30 days. However, you may opt-out at any time. Just call or return the enclosed form. Even if you opt-out, we may still disclose information as allowed by law.

Our Practices Regarding Information Confidentiality And Security. We restrict access to nonpublic 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 nonpublic personal information.

Access to and Correction of Your Information. You may write to us at if you have any questions about the information that we may have in our records about you. If you wish, 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 did not do so. If we do not make the requested change, you may submit a short written statement identifying the disputed information, which will be included in all future disclosures of your information. You may send your written request to us at JSW Insurance, P.O. Box 2516, Dublin, CA 94568. All written requests must include your name, address, telephone number, policy number, and a photocopy of a picture ID for identification purposes.

IMPORTANT PRIVACY CHOICES

JSW Insurance Associates

CALIFORNIA OPT-OUT FORM

Date: _____

Please do not share my “nonpublic personal financial information” with another insurance company in an effort to obtain a renewal policy, more favorable terms or a more favorable premium than my existing policy.

Name: _____

Address: _____

Phone: _____

Signature: _____

Please note, by signing and returning this form you will severely limit our ability to provide you with the best coverage, price and service available. In some cases this will even limit our ability to provide you with continuous and uninterrupted coverage.

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