

Signature Insurance Services, Inc

Privacy Policy Notice

(March 2009)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) and the laws of the State of California and Federal HIPAA guidelines generally prohibit us from sharing nonpublic personal information about you with a third party unless we provide you with this notice of our privacy policies and practices describing the type of information that we collect about you and the categories of persons or entities to whom that information may be disclosed. In compliance with the GLBA, Federal HIPAA and California law, we are providing you with this document, which notifies you of the privacy policies and practices of Signature Insurance Services, Inc. *The only item that has changed since the 2008 notice is our mailing address.*

OUR PRIVACY POLICIES AND PRACTICES

1. Information we collect:

A. Categories of Information Collected and Sources from Which We Collect It.

We collect nonpublic personal information about you from the following sources:

- 1) Information that you provide us on applications and other forms.
- 2) Information about your transactions with us from the insurance companies we contact to underwrite your insurance.
- 3) Information contained in medical records or from medical professionals that is related to insurance claims.
- 4) Employee census information for:

Health and Dental quotes: including Age, Home Zip Code, Family status, COBRA eligibility

Group Life and Disability quotes: The items listed above for health and dental and salary information.

Unless it is specifically stated otherwise in an amended Privacy Policy Notice, no additional information will be collected about you other than information needed in order to service your existing policies and obtain additional quotes or Insurance upon your request or our suggestion.

B. Persons from Whom Information is Collected.

We may collect nonpublic personal information from individuals other than those proposed for coverage.

2. Information we may disclose to third parties:

We do not disclose information about you to third parties whose only use of the information is to market a product or service. However, in the course of our general business practices, we may disclose the information that we collect (as described above) about you or others without your permission to the following types of institutions for the reasons described below:

A. To a third party if the disclosure will enable that party to perform a business, professional or insurance function for us. (i.e. a carrier providing quotes)

B. To an insurance institution or agent, in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction.

C. To an insurance institution or agent, for either this agency or the entity to who we disclose the information to perform a function in connection with an insurance transaction involving you.

D. To a medical care institution or medical professional in order to verify coverage or benefits, inform you of a medical problem of which you may not be aware, or conduct an audit that would enable us to verify treatment.

E. To the California Department of Insurance or other insurance regulatory authority, law enforcement, or other governmental authority in order to protect our interests in preventing or prosecuting fraud, or if we believe that you have conducted illegal activities.

F. To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.

G. To any entity who may have reason to subpoena your confidential information or presents us with a court order for such information.

3. Your right to access and amend your personal information:

You have the right to request access to the personal information that we record about you. Your right includes the right to know the source of the information and the identity of the persons, institutions or types of institutions to whom we have disclosed such information within 2 years prior to your request. Your right includes the right to view such information and copy it in person, or request that a copy of it be sent to you by mail (for which we may charge you a reasonable fee to cover our costs). Your right also includes the right to request corrections, amendments or deletions of any information that is in our possession. The procedures that you must follow to request access to or an amendment of your information are as follows:

To obtain access to your information: You should submit a request in writing to: *Sherene Vander Molen, President - Signature Insurance Services, Inc. 4 Park Plaza, Suite 630, Irvine, CA 92614.* The request should include your name, address, social security number, telephone number, and the recorded information to which you would like access. The request should state whether you would like access in person or a copy of the information sent to you by mail. Upon receipt of your request, we will contact you within 30 business days to arrange providing you with access in person or the copies that you have requested.

To correct, amend, or delete any of your information: You should submit a request in writing to the person listed above. The request should include your name, address, social security number, telephone number, the specific information in dispute, and the identity of the document or record that contains the disputed information. Upon receipt of your request, we will contact you within 30 business days to notify you either that we have made the correction, amendment or deletion, or that we refuse to do so and the reasons for the refusal, which you will have the opportunity to challenge.

4. 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 in order 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.

5. Our policy regarding dispute resolution:

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

6. Reservation of the right to disclose information in unforeseen circumstances:

In connection with the potential sale or transfer of its interests, Signature Insurance Services, Inc., and its affiliates (if any), reserve the right to sell or transfer your information (including but not limited to your name, address, age, sex, zip code, state and country of residency, and other information that you provide through other communications) to a third party entity that (1) concentrates its business in a similar practice, product or service; (2) agrees to be Signature Insurance Services Inc.'s successor in interest with regard to the maintenance and protection of the information collected; and (3) agrees to the obligations of this privacy statement.

Please return this signature page and the completed OPT-IN Notice (below) to our office via fax 949 794 1888 or email: SVM@signatureIS.com and retain the original copy in your records.

7. Customer acknowledgement and signature:

By signing my name below, I am indicating that I have read the privacy policy of Signature Insurance Services, Inc. and that I understand its terms. No promises or representations have been made to me to induce me to sign this form.

Group Name	Signature	Title	Date
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*Acknowledgment must be signed by an **officer of the corporation** or their duly appointed representative as stipulated in your Articles of Incorporation or company minutes.*

Signature Insurance Services, Inc

OPT- IN Notice 2009

In order to shop your current insurance at renewal or any other time during the year we are required to have a signed OPT-IN notice form each client. If we do NOT receive your consent to use your company census or private information for quoting purposes we are precluded from searching the market for comparable insurance products.

By signing the *opt in notice for 2008* you are authorizing us to use company nonpublic information to gather quotes for comparison at your renewal for current plans you have implemented or other insurance you may want to purchase.

_____ OPT – IN – Allows us to get alternate quotes on your insurance

I wish to exercise my right under the Gramm-Leach-Bliley Act to opt in with Signature Insurance Services, Inc. I authorize the sharing nonpublic personal information about my company to non-affiliated third parties for purposes that are permitted by law.

_____ OPT - OUT – stipulates to NOT get alternate quotes for my insurance at renewal

I wish to exercise my right under the Gramm-Leach-Bliley Act. To NOT share company nonpublic information and to

Customer Signature

Title

Date

*OPT – IN must be signed by an **officer of the corporation** or their duly appointed representative as stipulated in your Articles of Incorporation or company minutes.*