

Kutzer & Marvin Insurance Agency Inc.

Privacy Policy Notice

(As of July 1, 2001)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) 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, we are providing you with this document, which notifies you of the privacy policies and practices of West Coast Equine Insurance Services.

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 to 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 we receive from the Department of Motor Vehicles or other consumer reporting agencies.
- 4) Information contained in medical records or from medical professionals that is related to insurance claims.

B. Persons from Whom Information is Collected.

We may collect nonpublic personal information from individuals other than those proposed for coverage (ie: driving records of employees).

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.
- B. To an insurance institution, agent, or credit reporting agency in order to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction.
- C. To an insurance institution, agent, or credit reporting agency for either this agency or the entity to which 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 Oregon 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.

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 Rich Maggard (President), West Coast Equine Insurance Services, P.O. Box 468, Chiloquin, Oregon 97624. 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 Rich Maggard (President), West Coast Equine Insurance Services, P.O. Box 468, Chiloquin, Oregon 97624. 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, West Coast Equine Insurance Services, 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 West Coast Equine Insurance Service'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.