

### **Privacy Notice**

# **Our Privacy Commitment**

This notice applies to you as a prospective, current or former customer. It describes what we do with your **Personally Identifiable Information (PII).** It also describes the choices you have about PII in our care.

PII is information that clearly identifies you. Examples of PII are your name, address, social security number, information about your health and finances, and other nonpublic information.

We will not ask for your PII unless it is reasonably necessary to issue or service your insurance with us.

This notice covers B&P Enterprises dba Beatrice Insurance Agency. We may change our privacy practices from time to time.

### **Protecting Your Information**

Your trust is important to us. We take your privacy seriously. We limit access to our office and our information systems to authorized persons. We have policies and procedures designed to keep PII safe and secure. We train our personnel to make privacy a priority. We use privacy and security safeguards that obey state and federal regulations.

### Types of PII We Collect and Why We Collect It

Mostly, we collect PII directly from you. You provide PII when you apply for insurance, make a claim for benefits or ask us to perform a transaction on your policy. We need your name and contact information, date of birth, and social security number. Depending on the coverage you apply for, we may ask you about your past or present health status and financial assets.

We use your PII for the purpose of issuing and servicing your insurance coverage through carriers. We may collect your email or contact information to stay in contact about other product offering and news that may be useful to you and your dependent's/employee's.

## **Sharing PII Fairly and Legally**

We may share your PII with nonaffiliated companies that perform services for us in order to help administer your policy, or with whom we have joint marketing agreements. The companies are also required to maintain strict privacy and security standard.

We may also share your PII with Affiliated Companies or nonaffiliated companies as allowed by law such as to protect your policy and the security of our record, to meet legal or regulatory requests, or to follow state, federal or local laws.

### **Your Opt-Out Rights**

If you do not want us to share your PII (except as permitted by law) you may call our Privacy Officer, Bob Beatrice at 859-918-6720. Or you can write to us at PO Box 105 Union, KY 41091 Attention Privacy Officer.

#### **Your Right to Access Your PII**

You have the rigt to access the PII we maintain about you. If you wish to do so, write to us at the address listed above and at the end of this notice. Please provide your full name, and policy numbers. We will respond within 30 days of receipt. We will provide this information free of charge but we may make a reasonable charge for copying, postage and administration.

## **Your Right to Correct Your PII**

You have the right to correct your PII. Even if we have contradictory information, we will keep your request for correction with your file for as long as you are a customer. If we agree to your request, we will make reasonable efforts to communicate the correction or amendment to other parties who may need this information. We do not have to accommodate your request if we did not create the PII, if we do not maintain the information, or if your PII is already accurate and complete. To give your request careful consideration, provide us with a written request signed by you or your Legal Representative. We will provide this information free of charge but we may make a reasonable charge for copying, postage and administration.

### Your Right to File a Complaint

If you have a privacy related complaint, please let us know so we can address your concernt. Write to us at PO Box 105 Union, KY 41091. You may also file a complaint with the state Department of Insurance. You may also file a complaint with the Secretary of the US Department of Health and Human Services in Washing, D.C. within 180 days of the violation. Neither filing a complaint with a regulatory agency or us will adversely affect your status as our customer or the services you receive from us.

| For more information about this notice, call us at 859-918-0 Union, KY 41091.                      | 6720. Or write to us at PO Box 105   |
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| This notice is effective October 17, 2015 replacing our orig 2013.                                 | ginal notice effective September 23, |
| The below has agreed to the terms of this notice and acknowledges receipt of a copy of the notice. |                                      |
| Signature  | <br>Date                             |
| Printed Name   |                                      |

**Contact Us** 

PO Box 105 Union, KY 41091

bob@beatriceinsuranceagency.com

859-918-6720