

POLICY NUMBER: ### @ @ @ C ##

## NOTICE OF POLICIES AND PRACTICES OF THE DISCLOSURE OF NONPUBLIC, PERSONAL INFORMATION

The State Auto Insurance Companies are required by federal statute--specifically, the Gramm Leach Bliley Act--to provide you with certain information about our practices regarding the nonpublic, personal information we obtain from, and about, you in the ordinary course of business. Our practices of information-gathering in order to provide your personal insurance are usual and appropriate and done in an acceptable manner for the purposes of insurance underwriting and reinsurance.

We collect the following categories of nonpublic, personal information in the normal course of business:

- \* Information we receive from you on applications or other forms, such as social security numbers;
- \* Information about your transactions with us, our affiliates, and others, such as arising from any claims you have presented or your coverage with an affiliate of ours;
- \* Information we receive from a consumer-reporting agency, including credit scores, motor vehicle records, loss history information, prior insurance information, and property characteristic information.

Any of the nonpublic, personal information you share with us may be disclosed, without your prior authorization and where permitted by law, to third parties who help us perform our business function of underwriting and pricing your insurance, settling claims, and otherwise servicing you and your policy(ies). This would include the following types of nonaffiliated entities: consumer-reporting agencies, insurance adjusters, rating bureaus, insurance department regulators, insurance agencies, property inspectors, and other insurance support organizations. The law permits disclosures to the entities described here, and we only disclose your nonpublic, personal information as permitted by law.

We may also share with our affiliates all of the information that we collect to conduct our business, to provide our customers with the best possible products and services, and for other purposes.

You have the right of access to your file to determine what kind of information is kept in your file about you. You also have the opportunity to review and possibly correct the information being held in your file by submitting a written request to us, or our agent who services your policy, providing your name, address, policy number, and phone number. If the requested information is able to be reasonably located and retrieved within 30 business days from the date the request is received, we will:

1. Inform you of the nature and substance of the recorded personal information either in writing or verbally;
2. Permit you to see and copy the personal information pertaining to you;
3. Disclose the identity, if recorded, of those entities to whom we have disclosed the personal information within the two years prior to the request; and if the identity is not recorded, then we will disclose the names of those entities to which such information is normally disclosed;
4. Provide you with a summary of the procedures by which you may request correction, amendment, or deletion of recorded personal information.

If you provide a written request to correct, amend, or delete any recorded personal information, within thirty (30) business days from receipt of the written request, we will exercise one of the following options:

1. Correct, amend, or delete the portion of the recorded personal information in dispute; or
2. Notify you of the refusal to make the correction, amendment, or deletion and the reasons for the refusal and your right to file a statement containing the following:
  - a. A concise statement setting forth what you think is the correct, relevant, or fair information; and
  - b. A concise statement of the reasons why you disagree with our refusal to correct, amend, or delete recorded personal information.

If we decide to correct, amend, or delete recorded personal information, we shall notify you in writing and furnish the correction, amendment, or deletion to:

1. Any person, specifically designated by you, who, within the preceding two (2) years, may have received the recorded personal information;
2. Any insurance-support organization whose primary source of personal information is insurance institutions if the insurance-support organization has systematically received the recorded personal information from the insurance institution within the preceding seven (7) years. The correction, amendment, or fact of deletion need not be furnished if the insurance-support organization no longer maintains recorded personal information about the individual.

If you are a new customer and prefer that we not share certain information with our affiliates, you can opt out of this information-sharing by completing the request at the bottom of this notice.

If you are an existing customer and have already told us your sharing preference, no action is needed unless you want to change your information-sharing preference. To change your preference at any time, also complete the request at the bottom of this notice.

An opt-out of affiliate-sharing will not apply: to information about transactions or experiences between you and our affiliates or us; to information provided to affiliates that provide services to us or on our behalf; or to other information disclosed as permitted by law. For example, an opt-out will not apply to information about your transactions with us (such as name, address, and payment history) or your experiences with us (such as your claim activity).

The election will remain effective, until you revoke it in writing, as long as you continue to have a relationship with us. If your present relationship with us terminates (that is, if you become a former customer), your request will continue to apply to information we have collected while you were our customer until you revoke it in writing. If there is more than one named insured (any named insured can request that we not share information), the request will apply to all named insureds on the policy. We will process your opt-out request as soon as reasonably practicable after we receive it.

If you choose this opt-out option, please understand that we may not be able to provide the best and fastest service for you or be able to advise you of products and services that may be available.

In addition, we do not disclose nonpublic, personal information about former customers except as permitted by law.

State Auto seeks to maintain the confidentiality of your nonpublic, personal information. State Auto intends for its employees to access customers' and consumers' nonpublic, personal information only in the course of their servicing our products. We notify each employee of our strict employment policy against any employee accessing nonpublic, personal information for any reasons other than to fulfill their job requirements or as permitted by law. All employees are also required to report to their supervisor any unauthorized use of customers' and consumers' nonpublic, personal information of which any employee becomes aware, so that the matter may be investigated and appropriate disciplinary action taken.

POLICY NUMBER: \_\_\_\_\_  
 @ @ ( @ @ @ @ @ @ @ @ @ @ @ @

Named Insured(s): \_\_\_\_\_  
 Print Name(s)

- I prefer that State Auto not share any of my personal information with any of its affiliated companies.
- I wish to change my information-sharing preference and allow State Auto to share my personal information with any of its affiliated companies.

Please mail this election to:

State Auto Insurance Companies  
 Attention: Information Privacy Practices Contact  
 518 East Broad Street  
 Columbus, Ohio 43215-3976  
 614-464-5000