



VIRGINIA NOTICE OF INFORMATION PRACTICES (PRIVACY)

AGENCY NAME D & L Insurance Agency, Inc.		APPLICANT'S NAME AND MAILING ADDRESS (include county and ZIP+4)	
AGENCY ADDRESS 2609 Lafayette Blvd. Fredericksburg VA 22408			
CONTACT NAME:		PHONE (A/C, No):	
PHONE (A/C, No, Ext): (540) 373-3100		CARRIER	NAIC CODE
FAX (A/C, No): (540) 479-3700			
E-MAIL ADDRESS:		POLICY NUMBER	
CODE:	SUBCODE:	ACCOUNT NUMBER <input type="checkbox"/> NEW <input type="checkbox"/> RNWL	EFFECTIVE DATE
AGENCY CUSTOMER ID:		EXPIRATION DATE	

PRIVACY NOTIFICATIO NN

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may request that your credit information be updated and if you question the accuracy of the credit information, we will, upon your request, reevaluate you based on corrected credit information from a consumer reporting agency. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

I have read and understand this notice.

_____ APPLICANT / NAMED INSURED'S SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ APPLICANT / NAMED INSURED'S SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ APPLICANT / NAMED INSURED'S SIGNATURE	_____ DATE (MM/DD/YYYY)
_____ APPLICANT / NAMED INSURED'S SIGNATURE	_____ DATE (MM/DD/YYYY)