

Fred A. Williams and Son Insurance Agency, Inc.
D/B/A
Kollhoff Insurance Agency

Privacy Policy Notice
(as of January 1, 2009)

PURPOSE OF THIS NOTICE

Title V of the Gramm-Leach-Bliley Act (GLBA) and the laws of the State of Ohio 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 and the laws of this state, we are providing you with this document, which notifies you of the privacy policies and practices of Kollhoff Insurance Agency.

The laws of this state further require that we inform you that we may not share your personal information with a non-affiliated third party for any purpose that is not specifically authorized by law unless we obtain your affirmative permission.

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:

- Information we receive from you on applications or other forms.
- Information about your transactions with us, our affiliates or others.
- Information we receive from a consumer reporting agency.
- Information we receive from medical records or medical professionals.

Unless it is specifically stated otherwise in an amended Privacy Policy Notice, no additional information will be collected about you.

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:

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:

- To a third party if the disclosure will enable that party to perform a business, professional or insurance function for us.
- 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.

- 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.
- 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.
- To an 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.
- To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services.
- To an actuarial or research organization for the purpose of conducting actuarial or research studies.

In addition to those circumstances listed above, and unless you tell us not to by completing the attached Opt Out Form, we may disclose certain information about you to third parties whose only use of the information will be for the purpose of marketing a product or service. Under no circumstances will we disclose for marketing purposes: (1) any medical information; (2) information relating to a claim for a benefit or a civil or criminal proceeding involving you; or (3) personal information relating to your character, personal habits, mode of living or general reputation.

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 two (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 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 Kollhoff Insurance Agency, P.O. Box 220, Ashtabula OH 44005-0220. 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 Kollhoff Insurance Agency, P.O. Box 220, Ashtabula OH 44005-0220. 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 an 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 organizational safeguards to protect information about you.

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Opt Out Form
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Please read the text below and decide whether you wish to exercise your right to opt out of the information sharing described. If you choose to exercise your right to opt out, you must return this form to us at P.O. Box 220, Ashtabula OH 44005-0220. If you return this form to us by mail, your response must be postmarked no later than 30 days from the date you received this notice from us in order for it to be valid. If you do not return this form to us within 30 days, you have not exercised your opt out right, and we can share the information described.

_____ I wish to exercise my right under the Gramm-Leach-Bliley Act to opt out of Kollhoff Insurance Agency's sharing nonpublic personal information about me to non-affiliated third parties for purposes other than those that are permitted by law.

Customer Signature

Date