



NOTICE OF INSURANCE INFORMATION PRACTICES

American Access Casualty Company protects the confidentiality of personal information that you provide to us or we collect. Pursuant to Illinois Insurance Code 215 ILCS 5 Article XL:

1. Personal information may be collected from persons other than you or individuals proposed for coverage.
2. Personal information and other privileged information collected by us or our agents may under certain circumstances be disclosed to third parties without your authorization, as permitted or required by law.
3. Upon your written request, and pursuant to law, you may review your information contained in our files. You have the right to request any inaccuracies to be corrected, amended or deleted by submitting a written request to us. We shall within thirty business days from the date the request is received:
 - a. Inform you of the nature and substance of the recorded personal information in writing, by telephone or by other oral communication.
 - b. Permit you to see and copy, in person, the recorded personal information pertaining to you or to obtain a copy of the recorded personal information by mail, whichever you prefer, unless the recorded personal information is in coded form, in which case we shall provide an accurate translation in plain language and in writing.
 - c. Disclose to you the identity, if recorded, of those persons to whom we have disclosed the personal information within two years prior to the request, and if the identity is not recorded, the names of those insurance institutions, agents, insurance support organizations or other persons to whom the information is normally disclosed.
4. If we receive your written request to correct, amend or delete any recorded personal information about you, we shall within thirty business days from the date such request is received:
 - a. Correct, amend or delete the portion of the recorded personal information in dispute. We will provide a written copy of the revisions and furnish the source(s) of the disputed personal information with copies of the revisions.
 - b. Notify you of our refusal to make the correction, amendment or deletion and the reasons for the refusal and your right to file a statement. Your statement will become part of your file.
 - c. If you disagree with our refusal to correct, amend or delete the recorded personal information, you may file with us a concise statement setting forth what you think is the correct, relevant and fair information and a concise statement of the reasons why you disagree with our refusal to correct, amend or delete your recorded personal information. Any subsequent disclosure by us of the recorded personal information that is the subject of disagreement, will clearly identify the matter in dispute and provide your statement along with the recorded personal information being disclosed.

Pursuant to Illinois Insurance Code 215 ILCS 5/1005(c)(4), a more detailed description of our information practices and your right to privacy is available on our website, <https://www.aains.com/privacy-policy/>, or at your request by contacting:

Underwriting Resolution
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