



INSURANCE &
FINANCIAL
SERVICES, INC.

Dedicated Service Since 1922

Important Notice About Our Information Practices And The Protection Of Your Privacy L/B/W Insurance and Financial Services, Inc.

Here at L/B/W, we value your business and the trust you've placed with us. That's why we want to assure you that we are serious about keeping your personal information private before, during and after your business relationship with us. This notice describes our policy regarding the collection and disclosure of non-public personal information.

Information We Collect. We obtain most of our information directly from you. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for insurance. We collect non-public personal information about you from the following sources.

- Information you provide us on applications or other forms;
- Claims, billing, payment history, and other transaction information we receive from you, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, investigators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

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

Information We May Disclose To Affiliates And Third Parties. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We may disclose nonpublic personal information about you to the following affiliates and nonaffiliated third parties to effect, administer, or enforce your insurance transaction:

- Claims administrators;
- Other insurance companies that might write you policies on renewal;
- Appraisers, inspectors, and other insurance support services;
- Consumer reporting agencies;
- Governmental agencies when required to do so;
- Third parties to market products or service to you under a joint marketing agreement;
- An affiliate or third party for the purpose of conducting an audit of the insurance institution or agent in connection with the operations or services provided;
- To a lien holder, mortgagee, assignee, or other person having a legal or beneficial interest in the policy of insurance; and
- To persons or agencies lawfully entitled pursuant to a subpoena or court order.

Securities offered through Capital Analysts Incorporated, Member FINRA-SIPC

28055 Smyth Drive ♦ Valencia, California 91355 ♦ 661.702.6000 ♦ Fax 661.702.6090 ♦ www.lbwinsurance.com ♦ License #0785905

Explanation Of Opt Out Right:

If you do not want us to attempt to obtain better coverage or better prices from a different insurance company when your current policy comes up for renewal, you may tell us now. By "opting out," you will instruct us not to share or disclose any personal information with other insurance companies for the purpose of obtaining renewal quotations. If you wish to opt out, call us at 1-661-702-6000 or complete and return the enclosed form and return it to us in self-addressed, postage-paid envelope. We may share information about you if we do not hear from you within 30 days. However, you may opt out at any time. Just call or write us. Even if you opt out, we may still disclose information as allowed by law.

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 to provide products of service to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Access to and Correction of Your Information. You may write to us at if you have any questions about the information that we may have in our records about you. If you wish, you may inspect this information in person or receive a copy at a reasonable charge by sending us a written request. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we did not do so. If we do not make the requested change, you may submit a short written statement identifying the disputed information, which will be included in all future disclosures of your information. You may send your written request to us at L/B/W Insurance & Financial Services, 28055 Smyth Drive, Valencia, CA 91355. All written requests must include your name, address, telephone number, policy number, and a photocopy of a picture ID for identification purposes.

IF YOU WISH TO OPT OUT, PLEASE DETACH THE FORM BELOW, COMPLETE IT AND SEND IT IN THE ENVELOPE PROVIDED

**IMPORTANT PRIVACY CHOICES
CALIFORNIA OPT-OUT FORM**

Date: _____

Please do not share my "nonpublic personal financial information" with another insurer in an effort to obtain a renewal policy or more favorable terms than my existing policy.

Please do not share my "nonpublic personal financial information" with joint marketing partners in order to offer me other products or services I might need or want.

Name: _____

Address: _____

Phone: _____

Signature: _____