

## **Glencar Insurance Company Privacy Notice**

Glencar Insurance Company (“GIC,” “we,” “our,” or “us”) respects your privacy, and we strive to be transparent in how we collect and use your information. This Privacy Notice describes how GIC collects, uses, discloses, and protects your nonpublic personal information (“personal information”).

### **1. SCOPE**

This Privacy Notice applies to all personal information GIC receives or collects from you and from other sources about you during the course of our business operations and insurance relationships, including personal information we receive or collect when you visit our website ([www.glencarinsurance.com](http://www.glencarinsurance.com)).

### **2. PERSONAL INFORMATION COLLECTED BY GIC**

GIC underwrites, issues, and processes a wide variety of property and casualty insurance products and services. Depending on our relationship with you – applicant, policyholder, participant, insured, claimant, beneficiary – GIC may collect or receive the following information that may contain personal information:

- **Identity Information**: First name; middle name or initial; last name; gender; date of birth; marital status; age; identification number, such as social security, driver’s license or tax identification number; permanent residence; professional licenses and affiliations; policy or claim number; relationship to policyholder, insured, or claimant; date and cause of injury or disability; identification of insured property (such as addresses or vehicle license plate numbers); and other similar identifying information.
- **Contact Information**: Business and/or personal addresses, email addresses, telephone numbers, fax numbers, and other contact details.
- **Financial and Business Information**: Policy coverage; premiums; payment and transaction history; account transactions; credit history; insurance claims history; credit report information (e.g., information pertaining to your creditworthiness and credit history); professional or employment-related details; vehicle driving records; driving habits (for example, based on accident reports and driver violations); a prior accident or loss history; insurance policy coverage information; claim information, such as date of loss, type of loss, cause of loss, status of claim, and value of the claim; and any other business or financial information required to underwrite or support a claim under a property and casualty insurance policy.
- **Property Information**: Information deriving from inspection reports, such as physical inspection of the interior and exterior of the property to be insured and information on the loss history of your property.
- **Health Information**: Medical history; past, current, and future physical, mental, or medical condition or treatment; medical procedures performed; health status, injury, or disability information; and other similar health information.
- **Regulatory Information**: Any personal information needed for GIC to comply with its obligations under applicable laws and regulations, including, without limitation, insurance fraud, economic and trade sanctions, and other regulatory schemes.
- **Website Usage Information**: GIC’s website may use cookies or other automatic data collection technologies to collect certain information about visitors to our website, including IP address; details about your browser, operating system and device/hardware; webpages visited; and other logging information such as the date, time, and duration of your use of the website.

### **3. HOW GIC COLLECTS YOUR INFORMATION**

GIC collects and receives the personal information described in **Section 2: Personal Information Collected by GIC**, above, from a variety of sources.

- We may gather personal information ***directly from you***, such as when you provide us with information on applications or other forms (e.g., your contact information, employment information; account information); ask about, apply for, or buy insurance; file a claim; pay insurance premiums; or respond to our questions, whether in writing, in person, by phone, electronically or through other means. Sometimes, however, we may need additional information or to verify information you have given us, in which case you may be asked to provide us with more details in writing, via e-mail or over the phone.
- We may also gather personal information ***indirectly from you***, such as from observing your actions when you use or interact with our website or from audio, video, or call recordings created in connection with our business activities.
- We may also collect your personal information from ***sources other than you***, such as:
  - Your insurance agent or broker;
  - Your employer, association or business (if you are insured through them);
  - Our parents, affiliates, and subsidiaries or other insurance companies about your transactions with them;
  - Consumer reporting agencies, motor vehicle departments, and investigators connected with claims adjusting and inspection services, to gather your credit history, driving record, claims history, or value and condition of your property;
  - Other public directories and sources;
  - Medical professionals who have provided care to you and/or insurance support organizations regarding your health; and
  - Third parties, including other insurers, brokers and insurance support organizations who you have communicated with about your policy or claim, anti-fraud databases, sanctions lists, court judgments and other databases, government agencies, law enforcement authorities, or in the event of a claim, third parties including other parties to the claim witnesses, experts loss adjustors and claim handlers.

We may also use the following techniques to collect personal information about you:

- Personal or telephone interview
- Written correspondence
- Examination or assessment
- Investigative consumer report

We often employ the common insurance industry practice of asking an outside source, called a “consumer reporting agency” or “insurance support organization,” to provide us with consumer reports. On occasion, that source may contact you or a neighbor, either by phone or in person, to provide us a report. The named insured listed on your policy has the right to request that we contact them or their spouse for a personal interview that will be included in the report. If this option is chosen, we will make every effort to comply with the request. As required by the Fair Credit Reporting Act, we are notifying you that we may investigate your character, general reputation, personal characteristics and mode of living, whichever are applicable. Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request. Information that we obtain from a report prepared by an insurance support organization, including consumer reporting agencies, may be retained by that organization and disclosed to other persons.

#### **4. HOW GIC USES YOUR PERSONAL INFORMATION**

We may use the personal information collected in **Section 2: Personal Information Collected by GIC**, above, for the following purposes:

- To fulfill or meet the reason you provided the information. For example, if you share your name and contact information to request a price quote or ask a question about our insurance products and services, we will use that personal information to respond to your inquiry.

- To process transactions on your behalf, and information about you or about participants, beneficiaries, or claimants under your insurance policy in the normal course of business
- To underwrite and issue, maintain, and renew insurance policies, or related products, obtain reinsurance, and process claims under an insurance policy, or related contract and to communicate with you throughout this process.
- To collect premium payments, collect purchase payments, collect reinsurance proceeds, purchase reinsurance, pay insurance claims, pay third parties and other payees, and make other business-related payments.
- To create, maintain, customize, and secure your account with us.
- To contract with service providers to perform business, professional or insurance functions on our behalf.
- To provide you with support and to respond to your inquiries, including to investigate and address your concerns and monitor and improve our responses.
- To help maintain the safety, security, quality, and integrity of our website, products and services, databases and other technology assets, and business, including to detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity, and prosecute those responsible for that activity, and to debug to identify and repair errors that impair existing intended functionality.
- To evaluate or conduct a merger, divestiture, restructuring, reorganization, dissolution, or other sale or transfer of some or all of GIC's assets, whether as a going concern or as part of bankruptcy, liquidation, or similar proceeding, in which personal information held by GIC about our consumers is among the assets transferred.
- To comply with our legal, regulatory, and contractual obligations.
- As otherwise permitted or required by law.

## **5. WITH WHOM GIC SHARES YOUR PERSONAL INFORMATION**

We do not disclose any of our customers', former customers' or other persons' personal information to our affiliates or nonaffiliated third parties, except as permitted or required by law. For example, we may, under certain circumstances and as permitted by law, disclose the personal information we collect about you in the course of our general business practices, without your prior authorization, to:

- Our parents, affiliates, and subsidiaries as permitted by law, such as to satisfy our financial reporting obligations or comply with applicable sanctions screening regulations. Our affiliates include financial companies, such as Glencar Underwriting Managers (general underwriters) and Hannover Re (reinsurer).
- A person other than an insurance institution, agent or insurance support organization including, but not limited to professional advisors such as accountants, auditors, lawyers, and bankers, where such information is reasonably necessary to (a) enable such person to perform a business, professional or insurance functions for us, and where such person agrees not to disclose the information further without your written authorization unless the further disclosure is otherwise permitted by applicable law or is reasonably necessary for such person to perform its function for us, or (b) determine your eligibility for an insurance benefit or payment or detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction.
- Another insurance institution, agent, insurance support organization, or self-insurer, provided the information disclosed is limited to that which is reasonably necessary to (a) detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction or (b) to perform its function in connection with an insurance transaction involving you.
- A medical care professional or institution to verify insurance coverage or benefits, inform you of a medical problem of which you may not be aware, or to conduct an operations or services audit to verify that you were treated by the medical professional or at the medical care institution, provided only such information is disclosed as is reasonably necessary to accomplish the foregoing purposes.
- An insurance regulatory authority.

- A 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.
- The extent otherwise permitted or required by law.
- In response to a facially valid administrative or judicial order, including a search warrant or subpoena;
- An organization for purposes of conducting actuarial or research studies, provided (a) you are not identified in any actuarial or research report, (b) materials allowing you to be identified are returned to us or destroyed as soon as they are no longer needed and (c) the actuarial or research organization agrees not to disclose the information unless the disclosure would otherwise be permitted by applicable law if made by us.
- A party or representative of a party to a proposed or consummated sale, transfer, merger or consolidation of all or part of our business, provided (a) before the consummation of the sale, transfer, merger or consolidation, only such information is disclosed as is reasonably necessary to enable the recipient to make business decisions about the purchase, transfer, merger or consolidation, and (b) the recipient agrees not to disclose the information unless the disclosure would otherwise be permitted by applicable law if made by us.
- A group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services, but only as necessary to conduct the review or audit.
- A professional peer review organization for the purpose of reviewing the service or conduct of a health care provider.
- A governmental authority for the purpose of determining the individual's eligibility for health benefits for which the governmental authority may be liable.
- A certificate holder or policyholder for the purpose of providing information regarding the status of an insurance transaction.
- A lienholder, mortgagee, assignee, lessor or other person shown on our records as having a legal or beneficial interest in a policy of insurance; provided (a) no medical record information is disclosed unless the disclosure would otherwise be permitted by applicable law; and (b) the information disclosed is limited to that which is reasonably necessary to permit such person to protect its interests in such policy.
- Please note that we do not currently use or share personal information for marketing purposes. If we do so in the future, we may disclose personal information without your authorization to a person whose only use of such information will be in connection with the marketing of a product or service, provided (a) no medical record information, privileged information or personal information relating to an your character, personal habits, mode of living or general reputation is disclosed, and no classification derived from such information is disclosed, (b) you have been given an opportunity to indicate that you do not want personal information disclosed for marketing purposes and have given no indication that you do not want the information disclosed, and (c) the persons receiving such information agree not to use it except in connection with the marketing of a product or service.

We may also disclose nonpublic personal health information: (a) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud; (b) with your written authorization; and (c) otherwise as permitted by law.

We do not share your personal information with nonaffiliated third parties so they can market to you.

***When you are no longer our customer, we continue to share your information as described in this Privacy Notice.***

## **6. RIGHTS OF ACCESS TO OR CORRECTION, AMENDMENT, OR DELETION OF RECORDED PERSONAL INFORMATION**

You have the right to request access to the personal information we record about you, including 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). You also have the right to request corrections, amendments or

deletions of any personal information in our possession. The procedures that you must follow to request access to or correction, amendment or deletion of your information are as follows:

To obtain access to your information: You should submit a request in writing to GIC's Privacy Officer either by email at [CReport@gc-ins.com](mailto:CReport@gc-ins.com) or by mail at Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd., Suite 805, Itasca, IL, 60143. The request should include your name, address, policy number, telephone number, and the recorded information to which you would like access. The request should state whether you wish to see and copy the information in person or have a copy of the information sent to you by mail. Upon receipt of your written, verifiable request, we will contact you within thirty (30) business days to arrange for you to access your information in the manner that you have requested.

1. After you submit a request for access to your recorded personal information, as long as the information is reasonably locatable and retrievable, we will, within thirty (30) business days of our receipt of your written request:
  - Inform you of the nature and substance of the information in writing or by telephone;
  - Permit you to see and copy, in person, the requested information, or provide you with copies of this information by mail, in accordance with your stated preference;
  - Provide you with an accurate written translation in plain language of any recorded personal information in coded form;
  - List the identity of any institutional source from which we obtained the information and either the identity (if recorded) of those persons to whom we have disclosed such information within two (2) years prior to your request or, if such identity is not recorded, the names of those organizations or other persons to whom such information is normally disclosed; and
  - Provide you with a summary of the procedures by which you may request correction, amendment or deletion of recorded personal information (as described below).
2. If you request access to medical record information that was supplied to us by a medical care institution or medical professional, you may choose to have us provide such information along with the identity of the supplier (i) directly to you (where permitted by law) or (ii) to a medical professional designated by you and licensed to provide medical care with respect to the condition to which the information relates. If we provide the requested information to a medical professional, we will notify you at the time of the disclosure, that we have provided such information to the medical professional.
3. GIC may charge you a reasonable fee to cover the costs incurred in providing you with a copy of your information. If the information applies to reasons for an adverse underwriting decision, there will be no charge.
4. Your access rights apply to the information collected and maintained in connection with insurance transactions. These rights do not extend to information collected in connection with or in reasonable anticipation of a claim or a civil or criminal proceeding involving you.

To correct, amend, or delete any of your information: You should submit a request in writing to GIC's Privacy Officer either by email at [CReport@gc-ins.com](mailto:CReport@gc-ins.com) or by mail at Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd., Suite 805, Itasca, IL, 60143. The request should include your name, address, policy 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 written, verifiable request, we will contact you within thirty (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.

1. If the recorded personal information is corrected, you will be notified in writing and the correction will be furnished to:

- any person you have designated who may have, in the last two years, received such information;
  - insurance support-organizations that may have regularly received such information about you from us the last seven years, if they still hold this information; or
  - insurance support-organizations from which we may have received the information that has been corrected.
2. If you disagree with a refusal to correct, amend or delete recorded personal information, you may file a concise statement setting forth:
    - what you think is the correct, relevant or fair information, and
    - the reasons why you disagree with the refusal to correct the information.
  3. If you file the statement described above, GIC will:
    - file it with the disputed personal information and provide a means by which any person reviewing the information will be made aware of the statement and have access to it;
    - in any future disclosure of your personal information, clearly identify the portion that is in dispute and provide a copy of the statement that has been filed; and
    - send the statement to each of the three categories of persons and insurance support-organizations covered in point 1, above.
  4. Your rights to correction, amendment or deletion apply to the information collected and maintained in connection with insurance transactions. These rights do not extend to information collected in connection with or in reasonable anticipation of a claim or a civil or criminal proceeding involving you.

## **6. HOW WE PROTECT YOUR INFORMATION**

We understand the importance of securing your personal information. We have physical, electronic and procedural safeguards in place to protect your personal information in compliance with applicable state and federal laws. We restrict access to customer information to those employees, such as our employees and agents, who need to know that information to provide products or services to you. We require individuals with access to your information to protect it and keep it confidential. We do not disclose any personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

## **7. MODIFICATIONS TO OUR PRIVACY NOTICE**

We reserve the right to change our privacy practices in the future. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out or, if applicable, to opt-in.

## **8. CONTACT INFORMATION**

If you have any questions about this Privacy Notice or of our information practices, please contact us by:

- Writing to: Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd, Suite 805, Itasca, IL 60143
- Calling: (800) 221-1076
- Emailing: [CPReport@gc-ins.com](mailto:CPReport@gc-ins.com)

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## **OTHER IMPORTANT INFORMATION**

Your state may give you additional protections that are explained below. To the extent these state laws apply, we will comply with them when we share information about you.

**California Residents:** You also have rights under the California Consumer Privacy Act of 2018, as amended. For more information, please review our CCPA Policy, available at <https://glencarinsurance.com/privacy-policy>.

**Maine Residents:** You have the right to know the reasons for an adverse underwriting decision by sending your request to GIC's Privacy Officer either by email at [CPReport@gc-ins.com](mailto:CPReport@gc-ins.com) or by mail at Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd., Suite 805, Itasca, IL, 60143. You also have the right, with very narrow exceptions, to not be subject to pretext interviews. In the course of our general business practices, we may, under certain circumstances, disclose personal information about customers or former customers to other affiliated or nonaffiliated third parties, as permitted or required by law, without your prior authorization in the following additional way and to the following additional parties not described above: in order to protect the public health and welfare, to state governmental entities only insofar as necessary to enable those entities to perform their duties when reporting is required or authorized by law.

**Massachusetts Residents:** In the event of an adverse underwriting decision, you may ask, in writing, for the specific reasons for an adverse underwriting decision by sending your request to GIC's Privacy Officer either by email at [CPReport@gc-ins.com](mailto:CPReport@gc-ins.com) or by mail at Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd., Suite 805, Itasca, IL, 60143. Upon receipt of a written request, we will furnish the following information to you within twenty-one (21) business days from the date of our receipt of your request: (1) the specific reason for the adverse underwriting decision, in writing, and (2) the specific items of personal and privileged information that support such reason; provided, however, that: (a) we are not required to furnish specific items of privileged information if we have a reasonable suspicion, based upon specific information available for review by the commissioner of insurance, that you have engaged in criminal activity, fraud, or material misrepresentation; (b) we will disclose specific items of medical record information supplied by a medical care institution or medical professional, together with the identity of the institution or professional, either directly to you or to a medical professional designated by you and licensed to provide medical care with respect to the condition to which the information relates, at your option. However, we will supply mental health record information directly to you only with the approval of the qualified professional person with treatment responsibility for the condition to which the information relates or of another equally qualified mental health professional. Upon release of any medical or mental health record information to a medical professional designated by you, we will notify you, at the time of the disclosure, that we have provided such information to the medical professional; and (c) any information provided will include the name and address of the source that supplied the specific items of information, except that a source that is a natural person acting in a personal capacity need not be revealed if confidentiality was specifically promised.

If you submit an access request, you have the right to be informed of the nature and substance of your recorded personal information in writing (rather than by telephone or other oral communications). If you request access to mental health information, we will provide it in the same manner as noted above.

If you send us a written request to correct, amend or delete any recorded personal information about you that we maintain, and we refuse to honor your request, we will notify you of your right to request review by the commissioner of insurance. If we correct, amend or delete your recorded personal information in dispute, and such information is limited to either medical record information or information that relates to your character, general reputation, personal characteristics or mode of living, we will notify you of the same and furnish the correction, amendment or fact of deletion to any person who, according to our records, has or may have within the preceding two (2) years received such personal information.

In the course of our general business practices, we may, under certain circumstances, disclose personal information about customers or former customers to our affiliates or other nonaffiliated third parties, as permitted or required by law, without your prior authorization, in the following additional ways and to the following additional parties not described above:

- To another insurance company, agent or insurance support organization, provided the information is reasonably necessary to (a) detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction or (b) to perform its function in

connection with an insurance transaction involving you, and provided further that the recipient of the information is prohibited from redisclosing the information without explicit written authorization pursuant to applicable law or that the individual is notified, either concurrently with an application for insurance or otherwise prior to disclosure of the information, that the disclosure of the information may be made and can find if the disclosure has been made.

**Minnesota Residents:** Your rights of access to, or correction, amendment or deletion of, information extend to any personal information about you that we maintain in our possession, recorded or otherwise. If we refuse to correct, amend or delete your disputed personal information, we will also notify you of your right to file an appeal with the commissioner. In limited circumstances, we may deny a request to disclose health record information directly to you, and instead provide such information to the health professional designated by you, under state law.

**Montana Residents:** The categories of information described herein are applicable both to disclosures made with and without your authorization. In the course of our general business practices, we may, under certain circumstances, disclose personal information about customers or former customers, as described above, to other affiliated or nonaffiliated third parties, as permitted or required by law, without your prior authorization in the following additional ways and to the following additional parties not described above:

- To a governmental professional licensing or regulatory board to review the service or conduct of a health care institution or health professional that we have reason to believe has violated its licensing act or engaged in the unlawful practice of a licensed professional;
- To a medical professional or medical care institution to determine the reasonableness or necessity of medical services;
- For health research that is subject to the approval of an institutional review board and the requirements of federal law and regulations governing biomedical research, or epidemiological or drug therapy outcomes research that requires information that has been made anonymous to protect the identity of the patient through coding or encryption;
- To another person if the information is limited to that which is reasonably necessary to detect or prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with an insurance transaction, and that person agrees not to disclose the information further without your written authorization unless the further disclosure is otherwise permitted by applicable law if made by us;
- To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services (other than employer audits required by the Employee Retirement Income Security Act of 1974) if the information disclosed is reasonably necessary for the group policyholder to conduct the review or audit and the group policyholder agrees not to further disclose the information without the individual's separate, written authorization; provided, however, that medical record information disclosed must be edited to prevent the identification of the applicant, policyholder, or certificate holder;
- To provide information to insurance rate advisory organizations, guaranty funds or agencies, agencies that are rating our company, persons that are assessing our compliance with industry standards, and our attorneys, accountants, and auditors if the disclosure is limited to that which is reasonably necessary to enable the person or entity to perform services or an insurance function for us and we prohibit the recipient from using the information, other than to carry out the limited purpose for which the information is disclosed;
- To an insurance support organization to perform insurance support services for us, provided that such organization may redisclose the information to the extent necessary to provide its services to its member or subscriber licensees and other insurance support organizations or as otherwise permitted by law, but not for a marketing purpose; or
- To persons pursuant to the Montana Rules of Civil Procedure.

In the event we disclose your medical record information to a medical professional, the medical professional may review and interpret this information and, at your request, will consult with you.

If you request access to your medical record information, you have the right, with proper identification, to submit a written request for a record of disclosures of medical record information that we have made.

- For each of the following disclosures, we will provide you with the name, address and institutional affiliation, if any, of any person that received or examined the medical information during the last two (2) years, the date of such receipt or examination, and to the extent practicable, a description of the information disclosed:
  - In response to a facially valid administrative or judicial order, including a search warrant or subpoena;
  - For health research that is subject to the approval of an institutional review board and the requirements of federal law and regulations governing biomedical research, or epidemiological or drug therapy outcomes research that requires information that has been made anonymous to protect the identity of the patient through coding or encryption;
  - For marketing purposes, but only as permitted under Montana law;
  - To an insurance support organization to perform insurance support services on our behalf;
  - To insurance rate advisory organizations, guaranty funds or agencies, agencies that are rating our company, persons that are assessing our compliance with industry standards, and our attorneys, accountants, and auditors to enable such person or entity to perform services or an insurance function for us;
  - To a group policyholder for the purpose of reporting claims experience or conducting an audit of our operations or services;
  - To a professional peer review organization for the purpose of reviewing the service or conduct of a medical care institution or medical professional; or
  - As otherwise permitted or required by law, provided that we will not provide a list of disclosures, if any, made to law enforcement.
- For certain other disclosures as listed below, we will only provide you with a description of the types of medical record information that we disclose in those cases, along with a general description of the usual recipients of that information, as individual tracking of each disclosure in these cases is not required under state law:
  - To another insurance institution, agent, insurance support organization, or self-insurer, provided the information disclosed is limited to that which is reasonably necessary to (i) detect or prevent criminal activity, fraud, material misrepresentation or material nondisclosure in connection with an insurance transaction or (ii) for either the disclosing or receiving licensee to perform its insurance if the recipient does not further disclose the information unless otherwise permitted by state law;
  - To a medical professional or institution to verify coverage or benefits, inform you of a medical problem of which you may not be aware, to conduct an operations or services audit, or determine the reasonableness or necessity of medical services;
  - To a party involved in a sale, transfer, merger, or consolidation of all or part of our or insurance-support organization's business, as long as (i) before the transaction is completed, the only information disclosed is that which is reasonably necessary to allow business decisions to be made and (ii) the recipient agrees not to further disclose the information without the individual's separate, written authorization;
  - To an affiliate if necessary to perform an insurance function, use in connection with an audit or with your consent to market insurance products or services if the affiliate enters into a written agreement not to further disclose the information;
  - To a governmental authority as required by state or federal law or for the purpose of determining the individual's eligibility for health benefits for which the governmental authority may be liable;

- To a person contractually engaged to provide services to enable us to perform an insurance function or to perform such function on behalf of us if the service contract prohibits further disclosure; and
- To a non-licensee as necessary to perform an insurance function.

**Nevada Residents:** We are providing this notice pursuant to state law. If you do not want to receive unsolicited calls from us, you have the right to request that your number be placed on our do-not-call list. To exercise this right or if you have questions, please contact GIC's Privacy Officer by calling (800) 221-1076, emailing [CPReport@gc-ins.com](mailto:CPReport@gc-ins.com), or writing to Glencar Insurance Company, Attn: Privacy Officer, 500 Park Blvd., Suite 805, Itasca, IL, 60143. You may also contact the Nevada Attorney General's Office: Bureau of Consumer Protection Office of the Nevada Attorney General, 555 E. Washington Ave., Ste. 3900, Las Vegas, NV 89101; telephone number: 1-702-486-3132; email: [BCPINFO@ag.state.nv.us](mailto:BCPINFO@ag.state.nv.us).

**Oregon Residents:** You have the right to authorize disclosure of your personal information by dating and signing a written authorization form that identifies you, gives a general description of the information to be disclosed, a general description of the parties to whom the information will be disclosed, the purpose of the disclosure and how the information will be used. The authorization must state for how long the authorization is valid and how to revoke the authorization prior to the stated end. An authorization cannot exceed 24 months. You have the right to revoke an authorization at any time, but your revocation will only be effective for future disclosures and will not affect any disclosure made in reliance on your authorization. We will keep any such written authorization in our records that pertain to you.

**Vermont Residents:** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at [www.glencarinsurance.com](http://www.glencarinsurance.com) or by calling (800) 221-1076.

**Virginia Residents:** In limited circumstances, we may deny a request to medical-record health record information directly to you, and instead provide such information to a physician or clinical psychologist designated by you, under state law. In the course of our general business practices, we may, under certain circumstances, disclose personal information about customers or former customers to other affiliated or nonaffiliated third parties, as permitted or required by law, without your prior authorization in the following additional ways and to the following additional parties not described above:

- To a law enforcement or other government authority, upon written request of any law enforcement agency, for all your information in our possession which relates an ongoing criminal investigation. We will release such information, including, but not limited to, policy information, premium payment records, record of prior claims by the insured or by another claimant, and information collected in connection with our investigation of an application or claim. Any information released to a law-enforcement agency pursuant to such request shall be treated as confidential criminal investigation information and not be disclosed further except as provided by law. We will not notify your or a claimant that such information has been requested or supplied prior to notification from the requesting law enforcement agency that its criminal investigation is completed.