

# California Consumer Privacy Act (CCPA) Notice at Collection

Unico American Corporation and its subsidiaries (“Unico”) provide this notice at collection pursuant to the California Consumer Privacy Act of 2018 (Cal. Civ. Code § 1798.100, *et seq.*). The purpose of this notice is to provide you with a list of the categories of personal information that may be collected by Unico, and how that information may be used.

For the purposes of this notice, “personal information” refers to information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with you or your household.

Categories of Personal Information Collected	Business and/or Commercial Purpose for Use
<ul style="list-style-type: none"> <li>• <b>Identifiers</b>, such as your first and last name, producer number, email address, mailing address, social security number, driver license number, vehicle information, and other personal identifiers.</li> <li>• <b>Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above</b>, such as your signature, physical characteristics or description, insurance policy number, education, employment, employment history, bank account number, credit card number, or any other financial information, medical information, or health insurance information.</li> <li>• <b>Characteristics of protected classifications under California or federal law</b>, such as your race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status.</li> <li>• <b>Commercial information</b>, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies.</li> <li>• <b>Professional or employment-related information</b>, such as place of employment, previous employment, and other professional and employment information.</li> <li>• <b>Some forms of geolocation data</b>, including country, region, city, postal/ZIP code, and time zone.</li> </ul>	<ul style="list-style-type: none"> <li>• To obtain a quote.</li> <li>• To facilitate and/or investigate a claim.</li> <li>• To facilitate a request for products or services.</li> <li>• To complete a producer application or producer agreement.</li> <li>• To communicate with you.</li> <li>• To complete surveys or other statistical gathering operations.</li> <li>• To ensure compliance with relevant laws and regulations, including contractual obligations.</li> <li>• To perform a service for a customer.</li> <li>• To detect security incidents and protect against deceptive, fraudulent, or illegal activity.</li> <li>• To debug and repair errors that impair existing functionality of internal resources, networks, and databases.</li> </ul>



15. Types of commercial business currently written and solicited (check all that apply):

- |             |            |                           |
|-------------|------------|---------------------------|
| Apartments  | LRO        | Bars & Taverns            |
| Restaurants | Auto Shops | Gas Stations              |
| Trucking    | Tow        | Convenience/Liquor Stores |
| Contractors | Offices    | BOP                       |

Other (describe): \_\_\_\_\_

16. List the top three insurance carriers with whom you currently do business:

	Annual Premium Volume	Loss Ratio
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

17. Do you operate as an MGA, a wholesaler, or a surplus lines broker?      Yes      No

18. Within the last five years, have any of the following occurred (check all that apply):

- Change in name
- Change in ownership
- Merger/purchase of another entity
- Cluster agreement

19. Please attach the following:

- Current copy of property/casualty license
- Current copy of E & O policy declarations
- Current copy of your surety broker bond that is on file with the Department of Insurance (if any)

**As part of this contracting process, we may obtain a credit report on the producer and its principals. Your signature on this application gives Unifax authorization to obtain these records.**

**Signature of Principal** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name** \_\_\_\_\_