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

- Identifiers, 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.
- Categories of personal information described in California Civil Code § 1798.80(e) not otherwise listed above, 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.
- Characteristics of protected classifications under California or federal law, 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.
- Commercial information, such as quote history, claims history, insurance coverage, vehicle information, and other purchasing or consuming histories or tendencies.
- Professional or employment-related information, such as place of employment, previous employment, and other professional and employment information.
- Some forms of geolocation data, including country, region, city, postal/ZIP code, and time zone.

Business and/or Commercial Purpose for Use

- To obtain a quote.
- To facilitate and/or investigate a claim.
- To facilitate a request for products or services.
- To complete a producer application or producer agreement.
- To communicate with you.
- To complete surveys or other statistical gathering operations.
- To ensure compliance with relevant laws and regulations, including contractual obligations.
- To perform a service for a customer.
- To detect security incidents and protect against deceptive, fraudulent, or illegal activity.
- To debug and repair errors that impair existing functionality of internal resources, networks, and databases.



PRODUCER APPLICATION

(Application must be completed in full.)

Name of producer: (Name should be <u>exactly</u> as shown on license.)								
2.	2. Insurance license number:							
3.	Do you maintain a premium	ı trust accoui	nt: Yes	No				
4.	Do you maintain E & O insu	ırance:	Yes No)				
5.	On a separate sheet, detail and explain all departmental sanctions against your license.							
	If none, so state:							
6.	Type of business entity:	Individual	Partne	rship	Corporation	n Limited L	iabilit	y Company
	Year established:							
7.	Tax ID or social security nu	mber:	_					
8.	Address:			Cit	tv		State	ZIP Code
	Address is: Home	Office			.,	·	Stato	2 0000
9.	Mailing address (if different	Street			City		State	ZIP Code
10.	. Telephone:		Fax:					
11.	Email address: Business website:							
12.	. List <u>ALL</u> principals including	g yourself (us	se separate s	sheet if ne	cessary):			
	Name	Years in Agency	Years in Insurance		in Agency	Social Security Nu		Insurance License Number
13.	. Number of commercial prod	 ducers:	Nu	ımber of C	SRs:			
14.	. Premium volume information	on:						
	Last year's total premium:			_				
	Type of business written (m							
	Commercial (P & C):% Personal:		% E	Excess & Su	rplus:	%		
	Workers Comp:							

15. Types of commercial b	ousiness currently written	and solicited (check all that apply):								
Apartments	LRO	Bars & Taverns								
Restaurants	Auto Shops	Gas Stations								
Trucking	Tow	Convenience/Liquor Stores								
Contractors	Offices	ВОР								
Other (describe):										
16. List the top three insur	ance carriers with whom y	you currently do business: Annual Premium Volume Loss Ratio								
A										
В										
C										
17. Do you operate as an MGA, a wholesaler, or a surplus lines broker? Yes No										
18. Within the last five year	rs, have any of the follow	ing occurred (check all that apply):								
Change in name										
Change in ownership										
Merger/purchase of	Merger/purchase of another entity									
Cluster agreement										
19. Please attach the follo	wing:									
- Current copy of prope	erty/casualty license									
- Current copy of E & C	O policy declarations									
- Current copy of your surety broker bond that is on file with the Department of Insurance (if any)										
		ain a credit report on the producer and its principals. authorization to obtain these records.								
Signature of Principal		Date								
Printed name										