

## IMPORTANT NOTICE REGARDING AGENT COMPENSATION

We sell our insurance products and services through appointed independent insurance agencies and agents ("Agent" or "Agents"). Because Agents also generally represent several of our competitors, our primary marketing strategy is to:

- Develop close relationships with each Agent by (i) soliciting their feedback on products and services, (ii) advising them concerning company developments, and (iii) investing significant time with them professionally and socially; and
- Develop with each Agent, and then carefully monitor, annual goals regarding (i) types and mix of risks placed with us, (ii) amounts of premium or numbers of policies placed with us, (iii) customer service levels, and (iv) profitability of business placed with us.

We pay Agents commissions and other consideration for business placed with us (and we do not authorize our Agents to receive other monies for our insurance). We seek to compensate our Agents fairly and in a way consistent with market practices.

Our Agent compensation programs may include one or more of the following depending on the Agent's overall business relationship with us:

- **Commission Payments.** We pay commission based on a percentage of the premium the policyholder pays. The amount of commission varies depending on policy type, state location of risk, and other factors.
- **Additional Commission Payments.** We may pay additional and varying percentages of premium for attainment of certain goals we set with the Agent, including:
  - **Profitability**, which we determine by comparing losses and expenses to premium;
  - **Volume**, which is the amount of premium written with us;
  - **Growth and Retention**, which we measure by comparing premium volume or number of policies for overall or specific types of policies; or
  - **Annual Plan Performance**, which we measure according to performance standards determined by us and the Agent.

In certain cases, an Agent may put additional commissions at risk and become obligated to pay us amounts if certain goals are not met.

- **Expense Reimbursement.** We may reimburse certain marketing and other expenses incurred for placing business with us.
- **Entertainment and Other Things of Value.** We may entertain or provide other things of value, including travel and gratuities, to Agents who we believe provide exceptional value to our policyholders and shareholders.
- **Business Production Incentive Programs.** We may provide Agents or their employees opportunities to receive additional compensation (cash or contest prizes) for certain activities or tasks, such as placing specific types of policies with us or inputting data through one of our technology systems.



- **Loss Control Agreements.** We may pay Agents a flat fee or a percentage of commission for safety and loss control surveys, inspections, accident or claim investigations.
- **Agent Stock Purchase Plan.** Certain of our Agents participate in a stock purchase plan that allows those Agents to purchase common stock in Selective Insurance Group, Inc. at a 10% discount to market and requires those agents to hold the stock for at least one year before they can transfer it.

As supporters of the independent insurance agency distribution system, we may provide Agents from time-to-time with tools and programs designed to preserve and strengthen the independent agency distribution system, including assistance with producer recruitment and/or training, loans, or loan guarantees. These tools and programs, which may be experimental, are provided to assist our Agents in the perpetuation of robust independent insurance agencies and are not conditioned on the imposition of extraordinary current or future production conditions.

We also distribute our insurance products to a limited extent through select insurance brokers which we compensate with some of the same compensation tools we use for Agents. If you have engaged a broker to place insurance with us, please ask the broker if any of the above described compensation arrangements are in effect with us.

Please direct questions regarding specific compensation to your Agent.

PERSONAL UMBRELLA POLICY  
CONTINUOUS RENEWAL POLICY CERTIFICATE

SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA  
3426 TORINGDON WAY STE 200  
CHARLOTTE, N.C. 28277

Named Insured and Mailing Address:

KENT JOHNSON  
ANN JOHNSON  
4923 W RANGE MULE DR  
PHOENIX, AZ 85083-5447

P O L I C Y	Number	PCL1559526		P O L I C Y
	Term	02A	AZ	
	Agent No.	00-03238-00000		
D A T A	Period	04/15/2024 to 04/15/2025		D A T A
		12:01 A.M. Standard Time		
		At The Residence Premises		

AGENT:  
HBW INSURANCE GROUP INC  
8865 STANFORD BLVD STE 202  
COLUMBIA, MD 21045

BILL ACCT. NO.: 566163514

410-744-4313 443-830-0444

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT THE ABOVE ADDRESS  
UNLESS OTHERWISE STATED BELOW.

LIMIT OF LIABILITY: \$ 1,000,000 PER OCCURRENCE

FORM AND ENDORSEMENTS MADE A PART OF YOUR POLICY:  
(NUMBER(S) AND EDITION DATE(S) ARE PROVIDED BELOW)

FORM: DL 98 01 10 06

ENDORSEMENTS:	M1844A	(03-22)	DL 98 17	04 02	MISC-798	(06-01)
	MISC1597	(02-20)	IN0197	(08-07)	DL 98 78	02 15
	DL 99 12	10 15	IL P 001	01 04		

PREMIUMS AND EXPOSURES

THE NAMED INSURED REPRESENTS THAT THE ONLY ELIGIBLE EXPOSURES THAT EXIST AT THE  
INCEPTION OF THIS POLICY ARE THOSE FOR WHICH A NUMBER, IF APPLICABLE, AND A  
PREMIUM, ARE SHOWN BELOW.

ELIGIBLE EXPOSURES:

(REFER TO REMARKS SECTION FOR DETAILS)

NUMBER:

PREMIUM:

BASE PREMIUM - (INCLUDES 2 AUTOS)

\$ 236.00

ADDITIONAL RESIDENCE PREMISES

ADDITIONAL AUTOS

4

\$ 121.00

RECREATIONAL MOTOR VEHICLES

LICENSED AUTO DRIVERS LESS THAN  
25 YEARS OF AGE

WATERCRAFT OWNED BY AN INSURED

SWIMMING POOL

\$ 20.00

TRAMPOLINE

TRUST ENDORSEMENT

EXCESS BUSINESS PURSUITS ENDORSEMENT

SUB-TOTAL: \$ 377.00  
CREDIT FOR SELECTIVE HOMEOWNERS AND AUTO: \$ 84.00-

SUB-TOTAL: \$ 293.00

RATING FACTOR FOR INCREASED LIMIT OF LIABILITY: X

TOTAL ANNUAL POLICY PREMIUM: \$ 293.00

XX SELECTIVE INSURANCE MEANS ONE OF THE FOLLOWING COMPANIES WHICH IS ACTUALLY  
PROVIDING THE UNDERLYING INSURANCE: SELECTIVE INSURANCE COMPANY OF AMERICA,  
SELECTIVE WAY INSURANCE COMPANY, SELECTIVE INSURANCE COMPANY OF THE  
SOUTHEAST, SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA AND SELECTIVE  
AUTO INSURANCE COMPANY OF NEW JERSEY. PLEASE REFER TO YOUR UNDERLYING  
POLICY TO DETERMINE WHICH SELECTIVE INSURANCE COMPANY ISSUED THE POLICY.  
NOT ALL OF SELECTIVE INSURANCE COMPANIES' PRODUCTS ARE AVAILABLE IN ALL

ISSUE DATE 03/11/2024

DATE \_\_\_\_\_ AUTHORIZED REPRESENTATIVE \_\_\_\_\_

--NOT REQUIRED--

D/B-12- I  
F-853 (11/07)

INSURED'S COPY

500021PCL155952601583



**PERSONAL UMBRELLA POLICY  
CONTINUOUS RENEWAL POLICY CERTIFICATE**

**SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA**  
3426 TORINGDON WAY STE 200  
CHARLOTTE, N.C. 28277

Named Insured and Mailing Address:

**KENT JOHNSON**  
**ANN JOHNSON**  
4923 W RANGE MULE DR  
PHOENIX, AZ 85083--5447

<b>P O L I C Y</b>	<u>Number</u>	PCL1559526	
	<u>Term</u>	02A	AZ
	<u>Agent No.</u>	00-03238-00000	
<b>D A T A</b>	<u>Period</u>		
	04/15/2024 to 04/15/2025		
	12:01 A.M. Standard Time		
<b>A</b>	At The Residence Premises		

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STATES.

**RENEWAL POLICY CHANGES**

THIS POLICY HAS BEEN AMENDED, UPON RENEWAL, AS FOLLOWS:

AMENDED: RELATED AUTOMOBILE POLICY NUMBER  
AMENDED: UNDERLYING HOMEOWNER INSURANCE INFORMATION  
AMENDED: UNDERLYING AUTOMOBILE INSURANCE INFORMATION

**UNDERLYING POLICY LIMITS AND DEDUCTIBLE REQUIREMENTS**

IN ORDER TO HAVE COVERAGE UNDER THIS POLICY YOU MUST MAINTAIN THE CORRESPONDING TYPES OF LIABILITY POLICY LISTED BELOW WITH THE SPECIFIED MINIMUM LIMITS. THE UNDERLYING INSURANCE MAY BE SATISFIED BY PURCHASING VARIOUS FORMS OF UNDERLYING INSURANCE, SUCH AS A PERSONAL AUTO POLICY, HOMEOWNERS POLICY, WATERCRAFT POLICY, RECREATIONAL VEHICLE POLICY OR BY ENDORSEMENT TO THE UNDERLYING POLICIES.

IF YOU HAVE COVERAGE  
FOR THIS TYPE OF LIABILITY  
UNDER THIS POLICY:

YOU MUST MAINTAIN THIS UNDERLYING COVERAGE  
WITH THESE MINIMUM LIMITS:

<b>AUTO LIABILITY</b>	<b>AUTO LIABILITY</b>	<b>\$300,000* PER OCCURRENCE</b>
	<b>INCLUDES UM/UIM COVERAGE</b>	
<b>PERSONAL LIABILITY</b>	<b>PERSONAL LIABILITY</b>	<b>\$300,000* PER OCCURRENCE</b>
<b>RECREATIONAL VEHICLES</b>	<b>RECREATIONAL VEHICLES</b>	<b>\$300,000* PER OCCURRENCE</b>
<b>WATERCRAFT LIABILITY</b>	<b>WATERCRAFT LIABILITY</b>	<b>\$300,000 PER OCCURRENCE</b>
<b>EXCESS BUS. PURSUITS LIAB.</b>	<b>EXCESS BUSINESS PURSUITS LIABILITY</b>	<b>\$300,000 PER OCCURRENCE</b>
<b>EMPLOYER'S LIABILITY (WHERE WORKER'S COMPENSATION IS REQUIRED BY LAW)</b>	<b>EMPLOYER'S LIABILITY</b>	<b>\$300,000 PER OCCURRENCE (WHERE WORKER'S COMPENSATION IS REQUIRED BY LAW)</b>
<b>LOSS ASSESSMENT</b>	<b>LOSS ASSESSMENT</b>	<b>\$ 50,000 PER OCCURRENCE</b>

**\*NOTE:**

1) IF UNDERLYING AUTO LIABILITY INSURANCE EXISTS AND CONTAINS SPLIT LIMITS, THE DEDUCTIBLE AMOUNTS WHICH APPLY ARE: \$250,000/500,000 BODILY INJURY AND \$100,000 PROPERTY DAMAGE. THESE LIMITS ALSO APPLY TO UM/UIM COVERAGE.

2. PERSONAL LIABILITY WITH SWIMMING POOL ON PREMISES: \$500,000.

IF THERE IS AN OCCURRENCE WHICH IS NOT COVERED BY UNDERLYING INSURANCE, THERE MAY BE COVERAGE UNDER THIS POLICY, SUBJECT TO ALL OTHER TERMS AND CONDITIONS OF THIS POLICY, AND SUBJECT TO A DEDUCTIBLE AMOUNT OF \$1,000 FOR EACH OCCURRENCE, BUT ONLY IF:

...THE OCCURRENCE ARISES OUT OF AN EXPOSURE, REPRESENTED IN PREMIUMS AND EXPOSURES SHOWN IN THESE DECLARATIONS, FOR WHICH THE INSURED HAS AN UNDERLYING POLICY WITH LIMITS AT LEAST EQUAL TO THE APPLICABLE REQUIRED AMOUNT SHOWN IN THESE DECLARATIONS; AND



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**P** Number PCL1559526 **P**  
**O** Term 02A AZ **O**  
**L** Agent No. 00-03238-00000 **L**  
**I** **I**  
**C** **C**  
**Y** **Y**  
**D** Period **D**  
**A** 04/15/2024 to 04/15/2025 **A**  
**T** 12:01 A.M. Standard Time **T**  
**A** At The Residence Premises **A**

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...THE INSURED HAS COMPLIED WITH ALL APPLICABLE PROVISIONS OF THE UNDERLYING POLICY.

INSURED'S UNDERLYING POLICY INFORMATION

THE FOLLOWING UNDERLYING INSURANCE INFORMATION IS PROVIDED FOR THIS POLICY:

POLICY TYPE: AUTO  
COMPANY: SELECTIVE INSURANCE GROUP  
POLICY NUMBER: F 5364886  
LIABILITY LIMITS: BI \$ 250,000/ 500,000 PD \$ 100,000  
UM/UM: \$ 250,000/ 500,000

POLICY TYPE: HOMEOWNERS  
COMPANY: SELECTIVE INSURANCE GROUP  
POLICY NUMBER: H 2425236  
LIABILITY LIMITS: \$ 500,000 PER OCCURRENCE

POLICY TYPE: OTHER LIABILITY  
DESCRIPTION OF COVERAGE: MOTORCYCLES  
COMPANY: OTHER  
POLICY NUMBER: F 3737031  
LIABILITY LIMITS: \$ 500,000 PER OCCURRENCE

REMARKS

THE BASE PREMIUM INCLUDES ONE RESIDENCE PREMISES AND TWO AUTOS.

ITEMIZED  
PREMIUMS:  
\$ 236.00

ADDITIONAL AUTO TYPE: PRIVATE PASSENGER  
YEAR:2007 MAKE:MAZDA MODEL:CX-9 AWD VIN:JM3TB38Y970119900

ADDITIONAL AUTO TYPE: PRIVATE PASSENGER  
YEAR:2000 MAKE:FORD MODEL:F-250 SUPE VIN:1FTNX21F9YEC69175

ADDITIONAL AUTO TYPE: PRIVATE PASSENGER  
YEAR:2021 MAKE:FORD MODEL:MUSTANG MA VIN:3FMTK4SE0MME03708 \$ 23.00

ADDITIONAL AUTO TYPE: ANTIQUES/CLASSICS  
YEAR:1967 MAKE:VOLKS MODEL:COUPE VIN:117478552 \$ 12.00

ADDITIONAL AUTO TYPE: MOTORCYCLE/MOPED  
YEAR:2001 MAKE:TRIUMP MODEL:BONNEVILLE VIN:SMT900HN71J128370 \$ 43.00

ADDITIONAL AUTO TYPE: MOTORCYCLE/MOPED  
YEAR:2005 MAKE:KAWASA MODEL:VN2000A2 VIN:JKBVNMA175A006469 \$ 43.00

PLEASE NOTIFY YOUR AGENT IF THERE ARE ADDITIONAL DRIVERS IN THE HOUSEHOLD UNDER THE AGE OF 25 THAT ARE NOT LISTED.

DOGS ON THE PREMISES - NONE

DL 98 17 PERSONAL UMBRELLA LIABILITY POLICY

FUNGI, WET OR DRY ROT, OR BACTERIA EXCLUSION, IS ATTACHED

CONTINUOUS RENEWAL PLAN

1. THE POLICY PERIOD SHALL BE AS INDICATED AND FOR SUCCESSIVE POLICY TERMS AS STATED BELOW.
2. IF WE ELECT TO CONTINUE THIS INSURANCE, WE WILL RENEW THIS POLICY IF YOU PAY



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THE REQUIRED RENEWAL PREMIUM FOR EACH SUCCESSIVE POLICY PERIOD, SUBJECT TO OUR PREMIUMS, RULES AND FORMS THEN IN EFFECT. YOU MUST PAY US PRIOR TO THE END OF THE CURRENT POLICY PERIOD OR ELSE THE POLICY WILL EXPIRE.

FOR THE PURPOSE OF RATING THIS POLICY:

YOUR RESIDENCE PREMISES IS A ONE-FAMILY, OWNER-OCCUPIED DWELLING, LOCATED IN THE COUNTY OF MARICOPA.

THE RATING TERRITORY IS 2.

WE MAY REVIEW YOUR CREDIT REPORT TO OBTAIN OR USE AN INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THE CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. INSURANCE SCORES ARE CONFIDENTIAL RANKINGS BASED ON CREDIT HISTORY INFORMATION. THIS INCLUDES WHETHER YOU'VE MADE TIMELY PAYMENTS, THE NUMBER OF OPEN CREDIT CARD ACCOUNTS, AND WHETHER YOU'VE FILED FOR BANKRUPTCY. SPECIFIC INFORMATION CONTAINED IN YOUR CREDIT REPORT REMAINS PRIVATE INFORMATION, AND INSURANCE SCORES DO NOT INCLUDE INFORMATION ABOUT INCOME OR RACE. YOUR PREMIUM MAY HAVE BEEN CHANGED BECAUSE OF YOUR INSURANCE SCORE. IF YOU HAVE BEEN CHARGED AN ADDITIONAL PREMIUM YOU WILL RECEIVE A SEPARATE LETTER IN ACCORDANCE WITH THE REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT.

YOU MAY REQUEST RECONSIDERATION OF AN INSURANCE SCORE PREMIUM INCREASE BECAUSE OF THE DIRECT INFLUENCE OF AN EXTRAORDINARY LIFE EVENT ON YOUR CREDIT INFORMATION. AN EXTRAORDINARY LIFE EVENT MAY INCLUDE, BUT IS NOT LIMITED TO: A CATASTROPHIC EVENT, AS DECLARED BY THE FEDERAL OR A STATE GOVERNMENT; SERIOUS OR CATASTROPHIC ILLNESS OR INJURY TO AN APPLICANT, AN INSURED OR AN IMMEDIATE FAMILY MEMBER OF AN APPLICANT OR INSURED; DEATH OF AN IMMEDIATE FAMILY MEMBER OF AN APPLICANT OR INSURED OR MEMBER OF THE SAME HOUSEHOLD; TEMPORARY LOSS OF EMPLOYMENT OF AN APPLICANT OR INSURED; DIVORCE; DISSOLUTION OF A MARRIAGE OR INVOLUNTARY INTERRUPTION OF LEGALLY OWED ALIMONY OR SUPPORT PAYMENTS OF AN APPLICANT OR INSURED; IDENTITY THEFT OF AN APPLICANT OR INSURED; MILITARY DEPLOYMENT OF AN APPLICANT OR INSURED; BEING A VICTIM OF DOMESTIC ABUSE; OR OTHER EVENTS AS DETERMINED BY THE INSURER. A WRITTEN REQUEST WITH PERTINENT DOCUMENTATION AND DETAIL SHOULD BE SENT FOR REVIEW TO THE COMPANY AT:

SELECTIVE INSURANCE  
PERSONAL LINES UNDERWRITING  
40 WANTAGE AVE  
BRANCHVILLE, NJ 07890

YOU MAY REQUEST A NEW INSURANCE SCORE REPORT BE ORDERED EACH YEAR, BUT NOT MORE THAN ONCE IN A 12 MONTH PERIOD. THE NEW REPORT IS USED FOR RATEMAKING SUBJECT TO APPLICABLE STATE RESTRICTIONS.

**PERSONAL UMBRELLA LIABILITY POLICY  
EXCLUSION — FUNGI, WET OR DRY ROT, OR BACTERIA ENDORSEMENT**

DL 98 17 04 02

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

**I. Definitions**

The following definition is added:

“Fungi” means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

However, this does not include any fungi that are, are on, or are contained in, a good or product intended for consumption.

**III. Exclusions**

The following exclusion is added:

The coverages provided by this policy do not apply to “bodily injury”, “personal injury” or “property damage” arising directly or indirectly, in whole or in part, out of the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any “fungi”, wet or dry rot, or bacteria.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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# NOTICE OF INFORMATION PRACTICES (LONG FORM)

MISC-798 06 01

Your application or information you provide in connection with a claim is our major source of information. However, in order to evaluate your application for insurance, to service your policy or to process a claim, we may ask for additional information about you and any person who will be insured under this policy or who is the subject of the claim. This is sometimes necessary to make certain that the statements on your application are accurate or to process the claim. We may also need more details than you have already given us.

## INFORMATION WE COLLECT

In connection with an application, the information that we may collect will enable us to make possible judgments about your character, habits, hobbies, finances, occupation, general reputation, health or other personal characteristics. In connection with a claim, the information we may collect will enable us to process the claim.

We may obtain this information from several sources. For example, we may contact any physician, clinic or hospital where any persons to be insured or making a claim have been treated. We may need information from your employer. But, before we ask for information from any of these sources, we will ask you to sign an authorization, which gives us permission to proceed, unless authorization is not required by law.

We may get information by talking or writing to other insurance companies to which you applied for a policy or with which you have made a claim, members of your family, neighbors, friends, your insurance agent and others who know you. We may also obtain information from motor vehicle reports, court records, or photographs of the property you want insured or with regard to which you have made a claim.

## CONSUMER REPORTS

It is common for an insurance company to order a report from an independent organization — a consumer reporting agency or an insurance-support organization — to verify and add to the information that you have given us. These reports are used to help us decide if you qualify for the insurance for which you have applied or to evaluate the claim you have made.

They may:

- \_\_\_\_\_ pertain to your mode of living, character, general reputation and personal characteristics such as health, job and finances.
- \_\_\_\_\_ contain information on your marital status, driving records, etc.
- \_\_\_\_\_ include information on the loss history of your property.
- \_\_\_\_\_ include information gathered by talking or writing to you or members of your family, neighbors, friends, your insurance agent and others who know you.
- \_\_\_\_\_ include information from motor vehicle reports, court records or photographs of your property and/or the property involved in the claim.

Upon your request, the consumer reporting agency or insurance-support organization will attempt to interview you in connection with any report it prepares. The information may be kept by the reporting organization and may later be given to others who use its services. It will be given only to the extent permitted by the Federal Fair Credit Reporting Act and your local state law, if any. Upon request and identification, the consumer reporting agency or insurance-support organization will provide you with a copy of the report.





## DISCLOSURE OF INFORMATION

Information we collect about you will not be given to anyone without your consent, except when necessary to conduct our business. There are some disclosures which may be made without your prior authorization. These include:

- \_\_\_\_\_ Persons or organizations who need the information to perform a professional, business or insurance function for us, such as businesses that assist us with data processing or marketing.
- \_\_\_\_\_ Other insurance companies, agents, or consumer reporting agencies as it may be needed in connection with any application, policy or claim involving you.
- \_\_\_\_\_ Adjusters, appraisers, investigators and attorneys who need the information to investigate or settle a claim involving you.
- \_\_\_\_\_ An insurance-support organization which is established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims.
- \_\_\_\_\_ A medical professional or institution to verify your insurance coverage or inform you of a medical condition of which you may not be aware.
- \_\_\_\_\_ Persons or organizations that conduct scientific research, including actuarial or underwriting studies.
- \_\_\_\_\_ Persons or organizations that will use the information for sales purposes, unless you indicate in writing to us that you do not want the information disclosed for this purpose.
- \_\_\_\_\_ Our affiliated companies for auditing our operations and for marketing an insurance product or service.

In addition, we may provide information to state insurance departments in connection with their regulatory authority and to other governmental or law enforcement authorities to protect our legal interests or in cases of suspected fraud or illegal activities.

## YOUR INSURANCE POLICY FILES

Information we collect about you will be kept in our policy files. We may refer to this information if you file a claim for benefits under any policy you have with us or if you apply to us for a new policy. You have the right to know what kind of information we keep in our files about you, to have access to the information, and to receive a copy. There are some types of information; however, to which we are not required to give you access. This type of information is generally collected when we evaluate a claim or when the possibility of a lawsuit exists.

If you want information from your files, please contact us. There may be a nominal charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will reinvestigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

## CONFIDENTIALITY AND SECURITY OF PERSONAL INFORMATION

We restrict access to personal information to those individuals who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with legal standards and ensure the confidentiality of personal information in accordance with our policy.

## TREATMENT OF PERSONAL INFORMATION OF FORMER CUSTOMERS AND APPLICANTS

We adhere to this personal information privacy policy even when a customer relationship no longer exists. Disclosures about former applicants and customers may be made without prior authorization as permitted by law.

If you have any questions about our information practices, please contact us.

# PERSONAL UMBRELLA LIABILITY POLICY

## AMENDMENT OF POLICY PROVISIONS — ARIZONA

DL 98 78 02 15

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### SECTION VI — GENERAL PROVISIONS

Paragraph **K. Termination** Provision is replaced by the following:

#### **K. Termination**

##### **1. Cancellation By You**

You may cancel this Policy by:

- a. Returning it to us; or
- b. Giving us advance written notice of the date cancellation is to take effect.

##### **2. Cancellation By Us**

We may cancel this Policy only for the reasons stated below by letting you know in writing of the date cancellation takes effect. This cancellation notice will be mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- a. When you have not paid the premium, we may cancel at any time by letting you know at least 10 days before the date cancellation takes effect.
- b. When this Policy has been in effect for less than 60 days and is not a renewal with us, we may cancel for any reason by letting you know at least 10 days before the date cancellation takes effect.
- c. When this Policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel:
  - (1) If there has been a material misrepresentation of fact which if known to us would have caused us not to issue the Policy;
  - (2) If the risk has changed substantially since the Policy was issued, except to the extent that we should reasonably have foreseen the change or contemplated the risk in writing the Policy; or

- (3) If you fail to take reasonable steps to eliminate or reduce any conditions in or on the insured premises which contributed to a loss in the past or will increase the probability of future losses.

This can be done by letting you know at least 30 days before the date cancellation takes effect.

##### **3. Nonrenewal**

We may elect not to renew this Policy. We may do so by mailing to you, at your mailing address shown in the Declarations, written notice at least 30 days before the end of the policy period. Proof of mailing will be sufficient proof of notice.

If our nonrenewal is based on the condition of the premises, you will be given 30 days' notice to remedy the identified conditions. If the identified conditions are remedied, coverage will be renewed. If the identified conditions are not remedied to our satisfaction, you will be given an additional 30 days, upon payment of premium, to correct the defective condition.

This provision will not apply and this Policy will terminate:

- a. At the end of the policy period, if you have agreed to nonrenewal; or
- b. On the effective date of any other insurance policy, if you have accepted the other policy and it was issued as a replacement for this insurance.

##### **4. Other Termination Provisions**

- a. When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
- b. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

500021PCL15S952601589



## Insurance Score Notice

KENT JOHNSON  
4923 W RANGE MULE DR  
PHOENIX, AZ 85083-5447

Policy Number: PCL1559526  
Effective Date: 04/15/24

In the interest of providing our customers with quality insurance products at a fair price, Selective, like many companies, uses a variety of factors, including consumer reports and insurance scores in our pricing decisions. Based in whole or in part upon your insurance score, you are not receiving our lowest rates. You are, however, receiving the lowest rate available for your risk characteristics.

Your insurance score is based wholly or partly on a consumer report; it does not use information about income, age, marital status, religion, or ethnic group. We obtained your insurance score from the consumer reporting agency listed below. You are entitled to obtain a free copy of your score and consumer report if you request it no later than sixty (60) days following your receipt of this notice. You will need to have the following information available to receive your consumer report:

- Mobile Phone Number
- Street Number of Current Address
- Zip Code
- Social Security Number

If you find that any information contained in the report is inaccurate or incomplete, you have the right to dispute the accuracy or completeness with the reporting agency.

**Equifax**  
**PO Box 740241**  
**Atlanta, GA 30374**  
**1-800-685-1111**  
**[www.equifax.com/fcra](http://www.equifax.com/fcra)**

Please be advised that the consumer reporting agency did not make the decision concerning your pricing and is unable to provide you with specific reasons for Selective's decision.

Your insurance score is developed from a mathematical model that weights and measures credit information such as payment history, the number of collections, bankruptcies, outstanding debt, length of credit history, types of credit in use, and the number of new credit applications. These factors identify credit management patterns that have proven to correlate with the probability of having a future insurance loss. You can take steps, such as paying bills on time, keeping balances low, and applying for credit only as needed, that can eventually lead to a better insurance score with the possibility for lower insurance premiums.

Thank you for choosing Selective for your personal insurance needs. We value and appreciate your decision.



The following factors from the consumer report for

**KENT JOHNSON**

obtained on 01/25/24 had the most significant influence on your insurance score and rates:

**REASON 1:**

Your average credit balance is slightly high compared to your available credit on revolving accounts over the last 24 months. Having lower balances is best.

**REASON 2:**

There is insufficient information on your credit file to determine if you pay your balance due each month or carry any balance over to the next month.

**REASON 3:**

There is insufficient information to determine your transactor behavior on bank card accounts in the last 2 years.

**REASON 4:**

Your oldest installment account was opened within 17 years. Having your oldest installment account older than 29 years is best.

We will provide the insurance described in this policy in return for the premium  
and compliance with all applicable provisions of this policy.

A handwritten signature in black ink, appearing to read "Michael H. [unclear]".

Secretary

A handwritten signature in black ink, appearing to read "J. L. Maud".

President and CEO

