

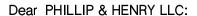


WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENCY, LLC 12400 COIT RD STE 700 DALLAS TX 75251-2059

42

PHILLIP & HENRY LLC 3427 LAKEWOOD LN FLOWER MOUND TX 75022-6806

EFT NOTICE ENCLOSED



Your policy packet is enclosed. Please take a few minutes to read through the enclosed documents. This contract is your assurance of protection in case of an insured loss. Copies of your current policy forms are available upon your request. If you have any questions, please contact us at the address shown above or call us at (972) 284-5460.

Thank you for choosing us for your insurance. We appreciate the opportunity to provide you coverage.

Sincerely,

WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENCY, LLC 42-9547-316

P.S. Did you know . . . Electronic payments are available!

To sign up for electronic payments, please go to **foremostpayonline.com**. You may choose to have us automatically withdraw your premium payments electronically from your designated account as they come due, or go to **foremostpayonline.com** to see your bill and make a payment. As always, simply call our billing service at 1-800-532-4221 with questions about your bill.

Need to report a claim? The Claims Contact Center is available to take your call 24 hours a day, seven days a week at 1-800-527-3907, or you may report a claim online at **Foremost.com**.

381 - 5007670295 - 03 Form 737818 07/13 COPY



DALLAS TX 75251-2059

PREMIUM PAYMENT NOTICE

POLICYHOLDER		LOAN NUMBER				PAYMEN	IT DUE B	Υ	CURRE	NT AM	DUNT DUE
PHILLIP & HENRY LLC						DEC	16,	2023		\$ 1	59.22
POLICY NUMBER	DESCRIPTION				POLIC	COVER	AGE PEF	RIOD	•		
381-5007670295-03	TX DWELL:	ING FIRE	FORM	3	DEC	16,	202	3 TO	DEC	16,	2024

TO:

POLICYHOLDER

UODI DUIDE

YOUR REPRESENTATIVE

PHILLIP & HENRY LLC 3427 LAKEWOOD LN FLOWER MOUND TX 75022-6806 WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENC 12400 COIT RD STE 700 DALLAS TX 75251-2059 (972) 284-5460

PAYMENT INFORMATION

Current Amount Due Includes a \$ 2.00 service charge. \$ 159.22

OR, TO PAY IN FULL, PAY \$ 1,807.00 THIS IS YOUR FIRST OF TWELVE PAYMENTS. FOR THE SCHEDULE OF FUTURE BILLS, SEE REVERSE SIDE.



Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST. We are available during normal business hours to assist you with questions or to discuss your payment options.

FOREMOST PAYMENT NOTICE FOR:

PHILLIP & HENRY LLC

Our records show you signed up for automatic EFT. Foremost will electronically withdraw your current premium payment from your designated account on the due date shown here.

FOREMOST LLOYDS OF TEXAS PO BOX 0915 CAROL STREAM IL 60132-0915

	LING FIRE FORM 3 LICY PAYMENT
Policy Number:	381-5007670295-03
Amount Due:	\$ 159.22
Date Due:	DEC 16, 2023

Thank You For Your Payment

5007670295033 08015381000020231017 00000000 00000000 00180700 00015922 5

YOUR FUTURE BILL DUE DATES AND AMOUNTS

DUE DATE	*AMOUNT
01/10/24	\$151 . 98
02/09/24	\$151.98
03/10/24	\$151.98
04/09/24	\$151 . 98
05/09/24	\$151.98
06/08/24	\$151 . 98
07/08/24	\$151 . 98
08/07/24	\$151 . 98
09/06/24	\$151.98
10/06/24	\$151 . 98
11/05/24	\$151 . 98

^{*}EACH INSTALLMENT AMOUNT INCLUDES A \$ 2.00 SERVICE FEE.
INSTALLMENT AMOUNTS MAY CHANGE IF A CHANGE IS MADE TO YOUR POLICY.

LOCATION INFORMATION

3500 LOUISVILLE AVE EL PASO TX 79930-5130



23290
23:

REPRESENTATIVE NO.: 42 9547 - 316

TRANS TYPE: RB

LIENHOLDER NO.: 000000000

ATTENTION -- SEND PAYMENT TO: PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915

Please contact your representative listed below to make any policy changes.

WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENC 12400 COIT RD STE 700 DALLAS TX 75251-2059 The following disclosure is required by regulation of the U.S. Treasury Department.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

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Important Notice Regarding Payments made through an Electronic Funds Transfer in Texas

You currently pay your insurance premiums by allowing funds to be automatically withdrawn from your bank account through an Electronic Funds Transfer (EFT). This Notice is to inform you that if your renewal premium increased it will result in an increased withdrawal from your bank account. Please refer to the enclosed renewal notice for the renewal premium amount for your next policy term. If you would like to continue your EFT billing plan, no action is required on your part.

If you would prefer **not** to have your insurance premiums withdrawn from your bank account directly, **please complete** and mail this signed form to us at the address below, or fax it to us at 1-877-618-2318. You may also call us at 1-800-532-4221. Notification must be received in our office at least five days before your policy's renewal effective date.

If you opt to stop paying your premiums by EFT, you will be responsible for the payment of your premium installments.

If you wish to review money-saving coverage and deductible alternatives, please contact your Foremost Representative. Thank you for trusting Foremost with your insurance.

Attn: EFT/EPM
Foremost Insurance Group
P.O. Box 3218
Grand Rapids, MI 49501



Please discontinue EFT payment on my insurance policy:

Policy number: 381 - 5007670295

Customer name (please print): PHILLIP & HENRY LLC

Customer signature:

Important Notice About Your Deductible(s)

We are required to provide you a notice when your policy contains a provision that may cause the exact dollar amount(s) of a deductible(s) to change.

Your policy does contain a provision which may indirectly cause the exact dollar amount(s) of your deductible(s) to change. The policy provision reads as follows:

Your Duties to Maintain Policy Amounts of Insurance. It is your responsibility to maintain adequate Amounts of Insurance for Coverage A - Dwelling, Coverage B - Other Structures, and Coverage C - Personal Property. To help you do that we may, but are not obligated to, adjust your policy Amounts of Insurance. If an adjustment is made, it will become effective on the renewal date of your policy and will be based upon data supplied to us by recognized agencies or organizations.

You will be notified in advance of the new Amounts of Insurance. Payment of your renewal premium is all that is necessary to indicate your acceptance of the new Amounts of Insurance.

If you want to change the new Amounts of Insurance you may do so by contacting your insurance representative.

Adjustments to your Dwelling Amount of Insurance may change the exact dollar amount of your deductible(s) as follows:

- 1. Your deductible is calculated by multiplying your Dwelling Amount of Insurance by the percentage deductible you selected, subject to a minimum deductible of \$1,000.
- 2. If your policy includes a separate Tropical Cyclone Deductible, this deductible will be 2% of the Dwelling Amount of Insurance shown on the Declarations Page, subject to a minimum of \$1,000.
- 3. If you purchase Earthquake coverage, the Earthquake Coverage endorsement specifies that each earthquake loss is subject to a deductible, which is the greater of 10% of the Amount of Insurance shown on the Declarations Page for the coverage or \$1,000. Earthquake deductibles are applied to the lesser of the loss for each coverage or the Amount of Insurance for each coverage.

An increase in your Dwelling Amount of Insurance may increase the exact amount of any of those deductibles because they could be assessed as a percentage of your Amount of Insurance. Your Deductibles can be found on your Declarations Page. An explanation of your deductible can be found on Page 20 of your policy. If included, your Tropical Cyclone Deductible is explained in Endorsement 10319. Your Earthquake Deductible is explained in either Endorsement 7311 or 7312 if you purchased Earthquake Coverage.

This summary is not a part of your policy, so please read your policy so you know what it says. Since the policy is our contract with you, if there's any difference between the policy and this summary, the policy language will take precedence. Our goal is to provide you with the coverage you want at a fair price. Thank you for your trust and confidence.

Important Notice Regarding Flood Coverage

We are required to provide the following notification to you since your insurance policy does not provide coverage against loss caused by flooding.

Flood Insurance: You may also need to consider the purchase of flood insurance. Your policy does not include coverage for damage resulting from a flood even if hurricane winds and rain caused the flood to occur. Without separate flood insurance coverage, you may have uncovered losses caused by a flood. Please discuss the need to purchase flood insurance coverage with your insurance agent or insurance company, or visit www.floodsmart.gov.

741865 07/19







RENEWAL DECLARATIONS PAGE FOREMOST LLOYDS OF TEXAS TEXAS DWELLING POLICY - FORM 3

POLICY NUMBER: 381-5007670295-03

RENEWAL OF: 381-5007670295-02

POLICY PERIOD EFFECTIVE DATE: 12/16/23 EXPIRATION DATE: 12/16/24 AT 12:01 A.M. STANDARD TIME

AT THE LOCATION OF DESCRIBED PROPERTY

YOU AS NAMED INSURED/MAILING ADDRESS

PHILLIP & HENRY LLC 3427 LAKEWOOD LN FLOWER MOUND TX 75022-6806

AGENT'S NAME, ADDRESS, AND PHONE NUMBER

WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENCY, LLC 12400 COIT RD STE 700 DALLAS TX 75251-2059 AGENCY CODE:

429547316

TELEPHONE:

(972) 284-5460

LOCATION # 1

IMPORTANT RATING INFORMATION

OF PROPERTY: EL PASO TX 79930-5130

CONSTRUCTION: MASONRY VENEER TERRITORY: F YR. BUILT: 1940 FAMILIES: 2 PROT. CLASS: 1 FORM: TDP3

OCCUPANCY: RENTAL RESP. FIRE DEPT.: EL PASO FS 7

KEY RATE:
HYDRANT: WITHIN 1,000 FEET COUNTY: EL PASO CITY LIMIT:

FIRE DEPT.: WITHIN 5 MILES

MORTGAGEE #1

LOAN NO.: 239576L74

RAIZ FEDERAL CREDIT UNION

ISA0A

12020 ROJAS DR

EL PASO TX 79936-7711

Policy Number: 381 -5007670295 -03

Form 80999 03/12

INSURED COPY

PAGE 1 CONTINUED

COVERAGES

PERILS INSURED AGAINST

COVERAGE A. DWELLING \$ 161,923
OTHER STRUCTURES \$ 16,192
COVERAGE B. PERSONAL PROPERTY \$ 2,500
PERSONAL PROPERTY OFF PREMISES \$ 1,000

				ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
DESCRIBED DWELLING - FIRE AND LIGHTNING	NORMAL	\$			
	F.R.%	\$			
			ACTUAL		\$ 855.00
SUDDEN AND ACCIDENTAL DAMAGE FROM SMOKE,	WINDSTORM	, HUF	RRICANE,		
HAIL, EXPLOSION, AIRCRAFT AND VEHICLES, R	IOT AND C	IVIL	COMMOTION		\$ 593.00
ALL OTHER RISK OF PHYSICAL LOSS EXCEPT LO	SSES EXCL	UDED	IN		
GENERAL EXCLUSIONS					\$ 154.00

PERSONAL PROPERTY - FIRE AND LIGHTNING	NORMAL	Ş	
	F.R.%	\$	
		ACTUAL	\$ 15.00
SUDDEN AND ACCIDENTAL DAMAGE FROM SMOKE,	WINDSTORM,	HURRICANE,	
HAIL, EXPLOSION, AIRCRAFT AND VEHICLES, I	RIOT AND C	VIL COMMOTION	\$ 2.00
COLLAPSE OF BUILDING, FALLING OBJECTS, FI	REEZING OF	HOUSEHOLD	

ENDORSEMENT NUMBER AND TITLE ATTACHED TO POLICY

APPLIANCES, VANDALISM AND MALICIOUS MISCHIEF.

	5	LIMIT OF LIABILITY	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
10191 01/03 TEXAS DWELLING POLICY - FORM 3				INCLUDED
11309 08/20 AMEND END W/15YR REPL LIMIT ON ROOF				INCLUDED
10325 03/21 WATER DAMAGE COVERAGE LIMIT	\$	10,000		\$ 75.00
11458 08/20 LANDLORD PERSONAL INJURY LIAB COV	\$	500,000		\$ 79.00

DEDUCTIBLES (SECTION I ONLY)

AMOUNT OF DEDUCTIBLE

DEDUCTIBLE - ALL OTHER

\$1,619

DISCOUNTS/SURCHARGES THAT APPLY TO LOCATION # 1

	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
CLAIMS FREE DISCOUNT	\$	-16.00
MASONRY DISCOUNT	\$	-81.00
MULTI-POLICY DISCOUNT	\$	-81.00
TENANT SCREENING DISCOUNT	\$	-40.00
2 FAMILY SURCHARGE	\$	162.00

Form 80999 03/12

\$

1.00

ADDITIONAL FEE INFORMATION

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY 2-PAY 4-PAY 10-PAY 12-PAY \$0.00 \$6.00 \$6.00 \$2.00

OTHER COVERAGES, LIMITS AND EXCLUSIONS APPLY - REFER TO YOUR POLICY

Processed: October 17, 2023



Policy Number: 381 -5007670295 -03

Form 80999 03/12 174018 381-5007670295





RENEWAL **DECLARATIONS PAGE** PREMISES LIABILITY POLICY

POLICY NUMBER: 381-5007670295-03

POLICY PERIOD EFFECTIVE DATE: 12/16/23 EXPIRATION DATE: 12/16/24 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN BELOW

YOU AS NAMED INSURED/MAILING ADDRESS

INSURED LOCATION

PHILLIP & HENRY LLC 3427 LAKEWOOD LN FLOWER MOUND TX 75022-6806 3500 LOUISVILLE AVE EL PASO TX 79930-5130

AGENT'S NAME, ADDRESS, AND PHONE NUMBER

WORLDWIDE INS NETWORK LLC C/O LEVEL FOUR INSURANCE AGENCY, LLC 12400 COIT RD STE 700 DALLAS TX 75251-2059

AGENCY CODE: 429547316

TELEPHONE: (972) 284-5460

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

PREMISES LIABILITY COVERAGE		The second second second		
	 LIMIT OF LIABILITY		ADD'L/RETURN PREMIUM	 ANNUAL PREMIUM
COVERAGE F -				
PREMISES LIABILITY	\$ 500,000	ANY ONE ACCIDENT		\$ 79.00
COVERAGE G -				
MEDICAL PAYMENTS TO OTHERS	\$ 5,000	ANY ONE PERSON		\$ 10.00

AGGREGATE LIMIT: If your policy provides Premises Liability the most we will pay in any one Policy Period for any one insured location for Premises Liability is \$2,000,000 regardless of the number of claims, suits or accidents.

FORMS ENDORSEMENT AND TITLE ATTACHED TO POLICY

LIMIT OF LIABILITY ADD'L/RETURN **PREMIUM**

ANNUAL PREMIUM

4485 05/14 PREMISES LIABILITY POLICY-LANDLORD

INCLUDED

THESE DECLARATIONS, TOGETHER WITH THE POLICY AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

> TOTAL ANNUAL POLICY PREMIUM 89.00

Policy Number: 381 -5007670295 -03

INSURED COPY

ADDITIONAL FEE INFORMATION

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY	2-PAY	4-PAY	10-PAY	12-PAY
\$0.00	\$6.00	\$6.00	\$6.00	\$2.00



Important Notice About Your Deductible

We are required to provide you a notice when your policy contains a provision that may cause the exact dollar amount of a deductible to change.

Your policy does contain a provision which may cause the exact dollar amount of your deductible to change. The policy provision reads as follows:

Your Duties to Maintain Policy Limits of Liability. It is your responsibility to maintain adequate Limits of Liability on your Dwelling, Other Structures and Personal Property. To help you do that we may, but are not obligated to, adjust your policy Limits of Liability. If an adjustment is made, it will become effective on the renewal date of your policy and will be based upon data supplied to us by recognized agencies or organizations.

You will be notified in advance of the new Limits of Liability. Payment of your renewal premium is all that is necessary to indicate your acceptance of the new Limits of Liability.

If you want to change the new Limits of Liability, you may do so by contacting your insurance representative.

Changes to your Dwelling Limit of Liability may change the exact dollar amount of your deductible as follows:

- 1. Your deductible is calculated by multiplying your Dwelling Limit of Liability by the percentage deductible you selected, subject to a minimum deductible of \$1,000. When your Limit of Liability increases, the exact amount of your deductible will increase.
- 2. If your dwelling is located in one of the following counties, your policy may contain a Tropical Cyclone Deductible.

Bee Goliad Hidalgo Liberty Wharton Brooks Hardin Jackson Orange Fort Bend Harris Jim Wells Victoria

A change to your Dwelling Limit of Liability may affect the exact amount of your deductible because that deductible could be assessed as a percentage of your Limit of Liability. Your Deductible can be found on Page 2 of your Declarations Page. An explanation of your deductible can be found on Page 6 of your policy or in Endorsement 10318, if your home is located in one of the counties listed above.

3. If your Declarations Page indicates you purchased a TDP3 policy, then Endorsement 11309 includes a Vacancy Condition. During the policy term, if an insured dwelling is vacant or unoccupied for 30 consecutive days immediately before the loss, the Limit of Liability shown on the Declarations Page for Coverage A (Dwelling) and Coverage B (Personal Property) is reduced to 60% for loss caused by fire, lightning, vandalism or malicious mischief. Coverage may be provided by endorsement to this policy. When the terms of the Vacancy Condition are met, your deductible will also be reduced by 60%, subject to a minimum deductible of \$1,000.

This summary is not a part of your policy, so please read your policy so you know what it says. Since the policy is our contract with you, if there's any difference between the policy and this summary, the policy language will take precedence. Our goal is to provide you with the coverage you want at a fair price. Thank you for your business.



Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.

Information We Collect

We may collect the following categories of personal information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Examples
Personal Identifiers	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature
Personal Characteristics	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
Commercial Information	Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.
Biometric Information	Voice print, photo.
Internet or Network activity	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
Geolocation	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
Audio, electronic, visual, olfactory	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
Professional information and Employment information/Education Information	Job titles, work history, school attended, employment status, veteran, or military status.
Education Information	Job titles, work history, school attended, marital and family status, e-mail, telephone recordings.
Inferences	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
Sensitive Personal Information	Social security number, driver's license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us.

Purposes for Collection of Personal Information

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;

• To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites, applications, use of our social media sites, and interaction with our online advertisements; and
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How Long Do You Retain My Information

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We do not disclose any nonpublic personal information about you as our customer or former customer, except as described in this notice. We may disclose the nonpublic personal information we collect about you, as described above to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies.

Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Foremost or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information: (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud; (2) with your written authorization; and (3) otherwise as permitted by law.

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

Sharing Information with Affiliates

We will not disclose nonpublic personal information, as described above in **Information We Collect**, except with affiliates of Foremost as permitted by law including:

 Financial service providers, such as insurance companies and reciprocals, investment companies, underwriters, brokers/dealers; and Non-financial service providers, such as data processors, billing companies, and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transaction and experience information with you. We will not share with our affiliates information we receive from a credit reporting agency or insurance support organization, such as motor vehicle records, credit report information and claims history.

Under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with nonaffiliated third parties as permitted by law. 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.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

Affiliates

The following is a list of some but not all of our affiliates: Farmers Insurance Group of Companies including Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, and Mid-Century Insurance Company, Bristol West Insurance Company, Bristol West Insurance Company, Bristol West Insurance Company, Coast National Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), and 21st Century Insurance & Financial Services including 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Premier Insurance Company, and 21st Century Security Insurance Company, Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Fermers Casualty Company, Fermers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

More Information about the Federal Laws?

This notice is required by federal law. For more information, please contact us.

Any Questions?

Please visit our website at www.foremost.com.

Signed: Foremost Insurance Company Grand Rapids, Michigan

Foremost Signature Insurance Company

Foremost Property and Casualty Insurance Company

Foremost County Mutual Insurance Company

Foremost Lloyds of Texas

The above is a list of the Foremost companies on whose behalf this notice is being sent.

COPY