



NOTICE OF OUR PRIVACY POLICY

We at **UNIVERSAL INSURANCE GROUP** (Universal Insurance Company, Eastern America Insurance Company, Liberty Finance, Caribbean Alliance Insurance Company – CAICO, Universal Life Insurance Company, and Universal Insurance Company of North America) take seriously our responsibility of maintaining the privacy of our customers.

Because we value our relationship with you as our customer, we will not sell your information nor share it with any entity apart from the affiliated companies that belong to **UNIVERSAL INSURANCE GROUP**.

The law requires of us that every year we notify our customers about our Privacy Policy.

Your right to privacy has always been very important to us at **UNIVERSAL INSURANCE GROUP**. We have established such physical, electronic and organizational safeguards as to protect our customers' information.

We are continuously reviewing our policies and practices, supervising our computer systems and carrying out effectiveness test of our security in order to duly protect our customers' information.

A. Collected Information:

Such personal information that may include name, address and telephone, employment history, financial status and the history of health and claims to other insurance companies.

The information is collected from your insurance application or from other transactions made with us. We also receive it from consumer report agencies, public records and from agencies that also collect data that you have previously provided.

If your relationship with us ends, your personal information will remain protected, as required by local and federal laws and according to our practices, as described in this notice.

UNIVERSAL INSURANCE GROUP will not share nor use information about your health status included in our records without your previous written authorization or as permitted by law and federal and state rules that apply to us. When you have signed and dated your consent form, which we will send whenever you request it, it will be valid for one year, but you can revoke it at any moment by a written communication signed and dated for such purposes.

B. With whom do we share information:

We will only share your personal information with our affiliates in the strictest confidentiality. You may receive some benefits including, but not limited, to information about new products, easy access to information about your insurance policies, etc.

Nevertheless, as permitted by law and without previous authorization, we may provide information about you from our records to people or organizations such as: agencies that offer support related to insurance; agencies that perform actuarial studies or other studies; other insurance companies in order to conduct their functions regarding insurance transactions you have requested;

ruling authorities or of public order; and to people that request information according to a legal procedure or court order from an administrative agency. In such cases, we will only share necessary information to accomplish the purposes above mentioned. In addition to this, we also demand from such agencies that they maintain the confidentiality of the information and limit its use strictly for the reasons that they were provided for.

Subject to the Opt-Out Right, **UNIVERSAL INSURANCE GROUP** may share your personal information with third parties as described in the following:

- Financial services providers, such as banks, mortgage companies, mortgage brokers, agencies that offer consumer information, insurance companies, investment consultants and similar companies, and real estate agents, brokers and appraisers.
- Non financial companies, such as discount clubs for consumer purchases, consumer products companies and consumer services companies.
- Others, such as voluntary organizations and associations.

Even if you submit your Opt-Out Right, we may share your information with some third parties, as stated by law or applicable rule. This may include, but not limited to, sharing information to use with your insurance application form with our lawyers, accountants, auditors, rulers, counselors and consultants in the quality control area, if we suspect fraud or to protect our rights related to your insurance.

Your Opt-Out Right will only apply to the insurance number or specific account that you provide us in your Opt-Out Request Form. Your Opt-Out Right will only apply to you and any other co-signer.

C. Security measures agreed upon to ensure the privacy of information:

We have established physical, electronic and organizational safeguards in order to protect our customers' information.

We have limited the access to information to those employees that need to provide services and products. Our employees are oriented about the need to comply with our Privacy Policy and we take disciplinary action against those employees that do not comply with it.

D. Opt-Out Right:

If you don't want us to share such personal information that is not public about you to non-affiliated third parties, you may execute your Opt-Out Right and ask us not to do so (except what is permitted by law and stated above). You may do so by mailing us the following Opt-Out Request Form to the following address: Customer Service Department P.O. Box 71338, San Juan, Puerto Rico 00936-8438.

E. Modifications

We reserve the right to modify or substitute this Privacy Policy at any moment. If we make significant changes, we will provide our current customers with a reviewed notice that describes our new practices.



OPT-OUT REQUEST FORM

First Name: _____ Initial: _____ Last Name: _____ Maiden Name: _____ Mailing Address: _____

Social Security Number: _____ Policy Number: _____ _____

E-mail: _____

It may take approximately thirty (30) days for this application form to be processed. All agreement terms and conditions that you have with **UNIVERSAL INSURANCE GROUP** will remain unaltered.

Signature: _____ Date: _____

Please do not include any other type of correspondence when you return this application.