

# 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>



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**AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEDUCTION OF MONTHLY PREMIUM**  
*(DOES NOT APPLY TO PAYMENT DUE WITH APPLICATION)*

POLICYHOLDER NAME	AAQHC ACCOUNT NUMBER
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I (we) hereby authorize AAQHC, An Administrator, hereinafter called COMPANY, to initiate debt entries to my (our) checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account. I understand that COMPANY will not be held responsible for any losses or costs incurred because of any error in the debit of funds. It is my (our) responsibility to determine if the debit is in the correct amount and at the right time and to immediately notify COMPANY of any differences.

DEPOSITORY INSTITUTION	BRANCH	
CITY	STATE	ZIP CODE
ROUTING NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT)		SOCIAL SECURITY NUMBER
DATE	SIGNATURE	

Please complete the information above and return to COMPANY along with a **VOIDED** check. This authorization will take effect 10 business days after submission to COMPANY. After this authorization is effective, the amount due on your monthly billing statement will be automatically deducted from your bank account by Electronic Funds Transfer (EFT) on the 10<sup>th</sup> of every month for the following month's premium. Your monthly billing statement will be for informational purposes only.

***If you are electing this payment option at the time of applying for a policy, please note that your first month's premium must be made in the form of a check. EFT can only be implemented after the policy has been in force for a minimum of one month.***