



Date: January 24, 2023

Dear [Customer Name],

[Client Name] would like to thank you for being our Customer. Please find below the details of [Client Name] All Vehicle Protection Plan.

<b>Enrollment Date:</b>	<b>January 24, 2023</b>
<b>Benefit Identification #:</b>	<b>APG-0000000</b>
<b>Expiration Date:</b>	<b>January 24, 2024</b>

All Vehicle Protection Plan

The All Vehicle Protection Plan includes the following benefits:

- All Vehicle Deductible Reimbursement
- All Vehicle Repair Reimbursement
- Emergency Travel
- ID Theft Restoration
- Warranty Vault

You will need your Benefit Identification Number to file a claim. Should you have any questions regarding this program, or if you would like to file a claim, please contact the Program Administrator, between 8am and 8pm EST, Monday through Friday, at 877-296-4892, or by facsimile at 586-415-5758.

Thank you again for trusting [Client Name] to help you protect your vehicle with [Client Name] All Vehicle Protection Plan. If you wish to cancel your policy and no claim has been filed, you may do so within 30 days of the plan Enrollment Date. Please contact [Client Name] to cancel. After 30 days from the Enrollment Date [Client Name] All Vehicle Protection Plan will be deemed fully earned and therefore, no cancellation or refund will be available.

We appreciate your business. All of us at [Client Name] look forward to serving your needs for years to come.

Sincerely,

[Client Name]



## All Vehicle Deductible Reimbursement Benefit (AVDR)

### TERMS AND CONDITIONS

#### I. Definitions

**Insurance Policy** refers to a policy of insurance issued to the **Member** for which the **Member** is a **Policy Named Insured** covering a **Covered Vehicle** owned or leased by the **Member** against all risks of direct physical damage. The **Insurance Policy** must be valid and active.

**Insurance Policy Named Insured** refers to any person, specifically designated by name as an insured(s), or as a covered or additional driver on the declarations page of the **Insurance Policy** for the **Covered Vehicle**.

**Covered Vehicle** refers to a non-commercial, four (4) or six (6) [i.e. dually] wheel auto, All Terrain Vehicle (ATV), Golf Cart, Motorcycle, Snowmobile, Boat, Personal Water Craft (PWC) or **Recreational Vehicle (RV)** of the **Member** which is recognized and covered by an **Insurance Policy** issued to the **Member** for which the **Member** is the **Insurance Policy Named Insured**, and the **Covered Vehicle** is owned or leased by the **Member** evidenced by the title of the **Covered Vehicle**, registration of the **Covered Vehicle**, or the **Member** is designated as a borrower on a loan for the **Covered Vehicle**.

**Recreational Vehicle (RV)** means a motorhome or a towable RV including fifth wheel travel trailers, camper vans, truck camper trailers, pop-up campers, ice houses and horse trailers that include living quarters and are designed for temporary accommodation.

**Loss** refers to an accidental physical loss or damage to the **Member's Covered Vehicle** for which the Insurance Company has approved and paid a collision or comprehensive claim which exceeds the **Insurance Policy** deductible for the **Covered Vehicle**.

**Member** refers to the individual who is added as a participant under the program provider's All Vehicle Deductible Reimbursement blanket policy.

**Member Effective Date** refers to the date the **Member** is added as a participant under the program provider's All Vehicle Deductible Reimbursement blanket policy.

**Theft** refers to the taking or removing of property with intent to deprive the rightful owner. It includes robbery, burglary and larceny.

**We, Us and Our** refer to the insurer underwriting the Vehicle Deductible Reimbursement benefit.

**Administrator** refers to cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080.

#### II. All Vehicle Deductible Reimbursement Benefit

**We** will reimburse the **Member** for a **Loss** to the **Member's Covered Vehicle** equal to the deductible limit shown on the **Member's Insurance Policy** up to a maximum of \$1,000. Coverage is effective upon date of the **Member's** enrollment and will continue for one (1) year.

The All Vehicle Deductible Reimbursement benefit does not apply if:

1. the **Member** does not have an in force **Insurance Policy** on the **Member's Covered Vehicle** at the time of a **Loss**;
2. the claim under the **Member's Insurance Policy** is not covered or has been denied by the **Member's** Insurance Company;
3. the **Loss** does not exceed the in force **Insurance Policy** deductible;
4. the **Member's** Insurance Company has waived the **Insurance Policy** deductible under the **Insurance Policy**;
5. the **Loss** is for any other vehicle that does not fall under the definition of a **Covered Vehicle**;
6. the vehicle is used for commercial purposes or hire, or;
7. the **Loss** is other than a Total **Loss** and the **Member** does not repair the **Covered Vehicle**.

Only one (1) All Vehicle Deductible Reimbursement benefit will be paid per **Covered Vehicle** per **Loss** and there is NO LIMIT to the number of **Losses** covered per **Member** per twelve (12) month membership period.



### III. BENEFIT LIMITS

1. The highest All Vehicle Deductible Reimbursement benefit paid for any **Loss** is one thousand dollars (\$1000).

### IV. EXCLUSIONS

- A. The All Vehicle Deductible Reimbursement benefit will not apply to a **Loss** caused by or resulting from any of the following:
1. Delay, loss of market, loss of use, or any other causes of consequential loss, including (but not limited to) **Losses** arising from loss of time, inconvenience, lost profits or savings or other incidental, special, or consequential damages arising out of the use of or inability to use the **Member's Covered Vehicle**.
  2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in **Member's Covered Vehicle**; the **Member's** employees or authorized representatives; whether or not acting alone or in collusion with other persons and whether or not occurring during the hours of employment.
  3. Warlike action by military force including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other authority using military personnel or other agents; or
  4. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
  5. Racing or involvement in a competitive event or sport.
- B. The All Vehicle Deductible Reimbursement benefit will not apply to a **Loss** caused directly or indirectly by any of the following:
1. Seizures or destruction of **Member's Covered Vehicle** by order of governmental authority;
  2. Any weapon employing atomic fission or fusion; or
  3. Nuclear reaction or radiation, or radioactive contamination from any other cause.
  4. War, including undeclared or civil war.
- Such **Loss** is excluded regardless of any other cause or event that contributes to the **Loss**, whether concurrently or in any other sequence.
- C. The All Vehicle Deductible Reimbursement benefit does not cover:
1. Any **Loss** involving liability or medical payments coverage provided for under the **Member's Insurance Policy** including, but not limited to, personal injury to others, personal injury to others injured on the **Member's** property or damage to property of others.
  2. Any **Loss** which occurred while the **Member** was not enrolled to receive the All Vehicle Deductible Reimbursement benefit.
  3. Any **Loss** or damage to a vehicle not defined as a **Covered Vehicle** including, but not limited to a watercraft, aircraft, manufactured home or other motorized items intended for storage, display, or competition that may be recognized and covered by an **Insurance Policy** showing the **Member** as an **Insurance Policy** Named Insured.

### IV. HOW TO FILE A CLAIM

Call the Claims Administrator at 1-877-296-4892 OR go to [www.assuranceplus.com/claims](http://www.assuranceplus.com/claims) to request a claim form. Notice of the **Loss** must have been provided to the Claims Administrator within 90 days of the date of **Loss**, but in no event later than 1 year from date of **Loss**. To process a claim the Claims Administrator must be sent a completed and signed claim form, along with the following required documents, within 180 days of the date of **Loss**, but in no event later than 1 year from date of **Loss**.

1. A copy of the **Covered Vehicle Insurance Policy** Declarations page in effect on the date of **Loss**.
2. A copy of the **Covered Vehicle** title, registration or loan / lease documents (if applicable) in effect on the date of **Loss**.
3. A copy of the estimate of repairs or the total **Loss**
4. A copy of the claim payment check and/or settlement letter from the Covered Vehicle Insurance Company showing the amount that was paid and that the deductible was satisfied.
5. A copy of the check, credit card charge, debit card charge or cash receipt showing the deductible was paid.
6. Any other information that may reasonably be requested in order to process the claim.



#### F. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

If any person or organization to or for whom **We** make payment under this insurance has rights to recover damages from another those rights are transferred to **Us**. That person or organization must do everything necessary to secure **Our** rights and must do nothing after a **Loss** to impair them.

This All Vehicle Deductible Reimbursement benefit described herein is underwritten by an AM Best A rated carrier.  
rev 04.05.2021

### **20% All Vehicle Repair Reimbursement**

#### **Definitions:**

**Covered Vehicle** refers to a non-commercial, four (4) or (6) [i.e. dually] wheel auto, All Terrain Vehicle (ATV), Golf Cart, Motorcycle, Snowmobile, Boat, Personal Water Craft (PWC) or Recreational Vehicle (RV) owned or leased and used for personal use by the **Member** or a **Family Member** residing in the **Member's** primary residence. (Proof of ownership and permanent address will be required at time of claim.)

**Recreational Vehicle (RV)** means a motorhome or a towable RV including fifth wheel travel trailers, camper vans, truck camper trailers, pop-up campers and horse trailers that include living quarters and are designed for temporary accommodation.

**Collision** means a collision of any kind, including but not limited to, collision with another object, vehicle or animal.

**Exclusionary Period** means the first thirty (30) days following the **Membership Effective Date**.

**Family Member** means spouse, son, daughter or parent of the **Member**.

**Member** means an individual who has purchased and is an active member of this membership program.

**Membership Effective Date** means the date the membership period starts.

**Membership Expiration Date** means the date the membership period ends.

#### **Description of Coverage:**

The **Member** or **Family Member** is eligible to receive a twenty percent (20%) reimbursement of the payment made to a licensed repair facility to repair a **Covered Vehicle**, if the repair occurs after both the **Membership Effective Date** AND **Exclusionary Period** but before the **Membership Expiration Date**.

Reimbursements are limited to twenty percent (20%) of the repair payment made to a licensed repair facility up to five hundred dollars (\$500) per repair. The reimbursable part of any repair is only limited to the cost of eligible replacement parts, labor, shop fees and disposal fees. The maximum amount the **Member** or **Family Member** can receive during a one(1) year period is one thousand dollars (\$1,000).

The reimbursement amount is excess of any other coverage available which would include, but not be limited to: a manufacturer's warranty, extended warranty, vehicle insurance, credit card benefit, etc.

#### **Repair reimbursements do not include:**

1. Repair or replacement of a windshield, side windows, rear window or the glass part of a sunroof.
2. Repair or replacement of tires and rims, including a spare tire and rim.
3. Performance or appearance upgrades or cosmetic upgrades to the **Covered Vehicle** which includes painting, cleaning, restoration work, engine modifications, lift kits, suspension modifications, after-market products or enhancements, etc.
4. Work performed on the **Covered Vehicle** as a result of a vehicle or vehicle part manufacturer's recall.
5. Repairs on a vehicle owned by someone other than the **Member** or Family Member. Proof of ownership is required.
6. Repairs on a **Covered Vehicle** at a non-licensed repair facility. Self-repair expenses are not eligible.
7. Repairs on a **Covered Vehicle** that occur before the **Membership Effective Date** or after the **Membership Expiration Date**.
8. Repairs to a **Covered Vehicle** that occur during the **Exclusionary Period**.



9. The cost of parts purchased by the **Member** for repairs not made by a licensed repair facility.
10. Any routine maintenance work or items normally replaced due to normal wear and tear or during routine maintenance. Examples include, but are not limited to; the replacement of brake pads, brake rotors, batteries of any kind; filters, belts, tire balancing and tire alignment.
11. Any regularly scheduled maintenance work as defined in the **Covered Vehicle's** Owner's Manual. Examples include, but are not limited to; oil changes and tire rotations.
12. Repairs to any other vehicle not defined as a **Covered Vehicle**.
13. A repair to a vehicle used for commercial purposes and/or that is owned by a business.
14. Repairs to a **Covered Vehicle** that is the result of Acts of God, including fire, lightning, hail, flooding and wind.
15. Repairs to a **Covered Vehicle** that is the result of theft, **Collision**, misuse, vandalism.

#### **How to File a Reimbursement Request:**

To receive reimbursement, the **Member** must call 1-877-296-4892 to request a reimbursement form. Once the **Member** receives or prints the reimbursement form, it must be completed and returned with the following information within 120 days of the date the repair was made:

1. A repair bill on the **Covered Vehicle** from a licensed repair facility that shows the:
  - a. name, address, city, state, zip code and telephone number of the repair facility
  - b. date the repair occurred
  - c. problem causing the repair
  - d. a breakdown of the dollar amount charged for the repair (parts, fluids, etc.) and
  - e. mileage or hours as applicable on the **Covered Vehicle** at time of repair.
2. Evidence that **Member** or **Family Member** paid the licensed repair facility for the repair (i.e., a receipt from the licensed repair facility showing method of payment, copy of cancelled check, or credit card statement, etc.)
3. Copy of the **Member's** driver's license and **Family Member's** current driver's license, if vehicle is owned by a Family Member.
4. A copy of the **Covered Vehicle's** current Vehicle Registration or title showing the:
  - a. **Member** or **Family Member**, if Covered Vehicle is owned by a **Family Member**, as the named owner or lessee of the **Covered Vehicle**, and
  - b. Family Member primary address matching the **Member's** primary address if **Covered Vehicle** is owned by a **Family Member**.
5. Any other information the Administrator may reasonably request to validate the request.

The completed form and documentation must be sent to:

All Vehicle Reimbursement Administrator  
PO Box 7690  
St Clair Shores, MI 48080  
Phone: 877-296-4892 Monday - Friday 8am - 8pm EST  
Facsimile: 586-771-3867  
Email: [reimbursements@cynosurefinancial.com](mailto:reimbursements@cynosurefinancial.com)

In order to effectively process the request for a reimbursement, the request must be received within one hundred and twenty (120) days of the date that the repair was made or the reimbursement will be withheld. If all of the documentation is submitted and the reimbursement is verified, the **Member** will receive a check for 20% of the allowable repair costs up to \$500 per repair up to a maximum of \$1,000 during a one (1) year period.

#### **Emergency Travel Expense Reimbursement**

##### **Definitions:**

**Administrator** means cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080.

**Member** means the member of the Auto Protection Plan. The **Member** must be of legal age, be a licensed driver and have the same principal residence as is listed on the membership plan.



**Vehicle** means a motor vehicle of the four-wheel private passenger type, including station wagons, jeeps, trucks and SUV's with a manufacturer's rated load capacity of 1 ton or less, designed for use on public roads and not being used commercially.

**Disablement** means the disablement of the **Member's Vehicle more than one hundred (100) miles from the Member's** primary residence and due to a mechanical breakdown or collision where the **Member's Vehicle** cannot be driven under its own power and must be towed to a collision shop, auto dealer or auto service center where it is kept overnight for at least one night.

#### **Benefit:**

If a Vehicle owned and insured by the **Member** with the **Member** being the primary insured on the Auto Insurance Policy suffers a **Disablement** and the **Vehicle** cannot be driven safely under its own power, and subject to the Terms and Conditions of this benefit, the **Member** is entitled to be reimbursed a maximum benefit of \$100 per night, up to a maximum of five (5) nights per twelve (12) month period for lodging expenses. The benefit only applies to overnight lodging where the **Member** has to pay for the room (e.g. hotel, motel, bed & breakfast, YMCA, etc.) and has the receipt or other documentation showing the name of the lodging facility, date(s) stayed and amount paid.

The **Member** is also entitled to be reimbursed a maximum benefit of \$100 per day, up to a maximum of five (5) days per twelve (12) month period for meals. The benefit only applies to meals where the **Member** has to pay for the meal(s) and has the receipt or other documentation showing the name of the restaurant, date(s) of the meal(s) and amount(s) paid.

#### **Exclusions:**

No benefits will be paid in the event the **Member's**:

1. **Disablement** is due to a collision(s) involving speeding violations, criminal activity, and/or driving under the influence of non-prescription drugs or alcohol.
2. **Disablement** repairs are not completed by a licensed facility.
3. **Disablement** occurred within one hundred (100) miles of his/her primary residence.
4. Receipts don't show the required information.
5. Call to the **Administrator** does not occur within thirty (30) days of his/her Disablement.

#### **To File a Claim:**

The **Member** should call the **Administrator** at 1-877-296-4892 within thirty (30) days of the date the **Disablement** occurred. The **Administrator** will mail a claim form to the **Member** to be completed and returned with the following required documentation:

1. A copy of the towing bill showing company and date the **Vehicle** tow occurred.
2. A copy of receipt showing what repairs were made to the No claim will be paid without written documentation.
3. Receipt(s) for all expenses to be reimbursed (hotel/motel, food) showing name of entity, dates lodging or meals occurred and dollar amount spent.

Any other documentation that the **Administrator** may reasonably request.

The completed claim form and required documentation should be mailed within ninety (90) days of the **Disablement** to the **Administrator** at: Emergency Travel Expense, P.O. Box 7690, and St. Clair Shores, MI 48080.

#### **Personal ID Restoration Consulting**

**With Personal ID Restoration Consulting you will have the peace of mind of knowing that a professional is standing ready to help restore your good name if identity theft strikes. With this program, IF you become a victim, you receive the following benefits:**

- ID Recovery Advocate to help recover your good name and rightful credit history.
- An ID Recover Package that includes activation forms and instructions for immediate action.
- A Personal Recovery Plan including
  - Assistance in placing Fraud alerts at the three major credit bureaus
  - Assistance in completing an Identity Theft Affidavit and Declaration of Fraud to establish your rights as a victim



- An assigned Advocate who is trained in identity recovery procedures, who will:
  - Work directly with law enforcement, the Social Security Administration, US Postal Service, Department of Motor Vehicles, etc., as applicable, to address any misuse of your personal information.
  - Research and document all fraudulent transactions, false accounts, or contracts signed with creditors, banks, utility companies, leasing agents, medical facilities, etc.
  - Manage your recovery until it can be confirmed that your pre-identity theft status has been restored, no matter how long it takes.
  - Document all incidents and their resolution in writing in a case file.
  - Provide post-recovery follow-up for 12 full months to address any additional fraudulent activity that may surface later.

#### Terms and Conditions

- Persons who are eligible for this benefit are called "Plan Members" and include people who become members of the Vehicle Advantage Program. Businesses are not eligible for benefits under this program.
- You may access recovery services under the Personal ID Restoration Consulting immediately, and you will continue to be a Plan Member for as long as you are a member in good standing as defined by the membership terms and conditions and you or the plan have not cancelled the membership (Membership Period).
- The benefits under this program are non-refundable, non-cancelable and non-transferable. Benefits not utilized will cease with no cash value.
- Personal ID Restoration Consulting do not cover reimbursement for financial losses of any kind arising from the identity theft or recovery therefrom.
- For purposes of benefits under this program, Identity Theft is defined as fraud that involves the use of a Plan Member's name, address, social security number, bank or credit/debit card account number, or other identifying information without the knowledge of the Plan Member, which is used to commit fraud or other crimes.
- Eligibility for recovery services is based on ID theft events that occur, are discovered, and reported to the named provider during the Membership Period. Persons who have identity theft events that occurred prior to the beginning of the Membership Period are not eligible for benefits under this program.
- Benefits are only available to residents of the United States. In the event of identity theft that occurs outside of the United States, identity recovery is only performed with agencies and institutions in the United States or territories where U.S. law applies.
- The provider will not provide credit counseling or repair to credit that legitimately belongs to a Plan Member.
- The provider may refuse or terminate services under this agreement if it is deemed that a Plan Member is committing fraud or other illegal acts, making untrue statements, or failing to perform his/her portion of the recovery plan. The provider will not refuse or terminate services based on the complexity of the case.
- The provider cannot be held responsible for failure to provide or for delay in providing services when such failure or delay is caused by conditions beyond its control.
- Personal ID Restoration Consulting are provided by cynoSure Financial, Inc.

#### How to Claim Benefits:

One call to cynoSure Financial, Inc. at 1-877-296-4892 will start the process. Within one business day, an Identity Theft Advocate will be assigned to personally manage and assist in the restoration of your Identity.

#### Warranty Vault™

**Warranty Vault™: The on-line storage & organizing service that helps You to take full advantage of Your consumer product warranties while You are a member of the Vehicle Advantage Program.**

Warranty Vault provides an on-line storage & organizing service that helps You to take full advantage of Your warranties for consumer products you have purchased. With minimal key strokes, you can enter, upload & store vital information about your warranty(s) and access this information 24/7 at one central location.

Should Your product need repair, the manufacturer will need copies of Your warranty and receipt. We'll keep everything on file for you, like your product manufacturer's phone numbers, sales receipts and copies of your warranty(s). No need to spend time digging through your drawers & files to find the information needed to utilize your warranty(s). They are now stored in one easy to use location.

**Please note:** Warranty Vault is a member service only. It is **not** insurance.

#### Let's Get Started Storing Your Product Warranty(s)

1. Go to <https://www.assuranceplus.com/WarrantyVault>



2. You will need Your Benefit ID (i.e. APG-1234567) located on the Welcome Letter page of your Terms & Conditions.
3. Follow the on-line steps to create your Warranty Vault account.
4. Have Your product warranty and receipt handy to complete the warranty storage form
5. Click on "Add Warranty" and fill in the product and warranty information and click "Save Warranty."
6. The next screen is a list of the warranties that You have stored. On the right side of the screen under "ACTION", You can click on "Update" to update Your warranty information or "Delete" to delete Your warranty registration.

#### **Warranty Vault Service Cessation**

When Your membership ends, You will have sixty (60) days following the end of Your membership in which to obtain copies of Your documents from the Warranty Registration. Following this sixty (60) day period, access to Your Warranty Information will be discontinued.

#### **PRIVACY POLICY**

We recognize that your privacy is important to you and that you expect us to protect the information you provide us and to use it only in relation to the execution of the Member Benefit Programs (collectively referred to as "the Programs"). To protect your information, we have adopted and adhere to the following policy regarding the privacy of your nonpublic personal information and personally identifiable information (collectively "Nonpublic Personal Information").

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

#### **A. INFORMATION THAT WE COLLECT**

We will be collecting all or some of the following personal information: **name, address, home phone number, work phone number, email address, cell phone number, auto and/or home policy number**, and other information that permits us to contact or communicate with you and perform administration of the Programs to your benefit.

#### **B. HOW WE COLLECT INFORMATION**

All financial companies need to share customers' personal information to run their everyday business. In the section below (Section C), we list the reasons we share their customers' personal information; the reasons they choose to share; and whether you can limit this sharing.

We collect this Nonpublic Personal Information through various sources, including:

- Information we receive from you on **new account forms, fact-finding questionnaires, product and service applications, and other forms;**
- Information we receive from you, **in writing, electronically, through the telephone, or through our website, when you communicate with us, or request information about the Programs;**
- Upon receipt of your request, we will disclose all categories of personal information of you and/or third-parties to which your personal information was disclosed during the preceding twelve months.

#### **C. INFORMATION THAT WE DISCLOSE AND TO WHOM WE DISCLOSE IT**

As permitted by law and as outlined in this policy, we disclose Nonpublic Personal Information only to unaffiliated third parties that provide services to us or with whom we have contractual relationships to allow us to administer the Programs and conduct our everyday business purposes. These third parties with we may share your Nonpublic Personal Information include:

- The company which prepares the documents associated with the Programs;
- The company which assists in the processing of your data and makes it available to us so we may administer the Programs.

#### **D. STEPS WE TAKE TO PROTECT YOUR INFORMATION**

We have enacted security policies and procedures designed to prevent unauthorized use or access to your Nonpublic Personal Information. Your information is only available to our employees for various business purposes, such as processing or servicing claims, and those fulfilling compliance, legal or audit functions. We use password protection to prevent access by unauthorized personnel, and we employ other physical, electronic, and procedural safeguards to ensure the protection of your Nonpublic Personal Information in accordance with state and federal privacy regulations.

#### **E. AMENDMENTS TO OUR PRIVACY POLICY**

When we make material amendments to our Privacy Policy we will post an appropriate notice on our website [www.cynosurefinancial.com](http://www.cynosurefinancial.com). In addition, we may send you an amended version of our Privacy Policy through the mail or email. You may contact us and inform us of your preferred method of delivery.

#### **F. YOUR RIGHTS**

Federal law gives you the right to limit sharing for affiliates' everyday business purposes - information about your credit worthiness; affiliates from using your information to market to you;





and sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. In addition, you may also request that we delete, free of charge, any personal information we have collected from you and/or request disclosure from us regarding the collection of personal information. Pursuant to the California Consumer Privacy Act 2020, you not will face discrimination for exercising any of your rights hereunder.

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