



Date: March 28, 2023

Dear [Customer Name],

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

Enrollment Date: **March 28, 2023**
Benefit Identification #: **APG-0000000**
Expiration Date: **March 28, 2024**

Home Protection Plan Plus

The Home Protection Plan Plus includes the following benefits:

- Home Deductible Reimbursement
- Home Glass Breakage
- Home Lockout Reimbursement
- 50% Appliance/Electronic Repair Reimbursement
- Emergency Lodging Reimbursement

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] Home 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] Home 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]



HOME DEDUCTIBLE REIMBURSEMENT

Definitions:

When in bold, certain words and phrases are defined as follows:

Administrator means cynoSure Financial, Inc. You should contact the Administrator if you have questions regarding this coverage, or would like to make a claim. The Administrator can be reached by phone at 1-877-296-4892.

Home Insurance means a policy of insurance covering the **Primary Residence** and/or **Personal Effects** of the **Member** against all risks of direct physical damage. The **Home Insurance** policy must be a valid and active form such as Homeowners, Renters, Farm-Owners, or Fire & Wind for a dwelling and/or **Personal Effects** risk.

Loss means an accidental physical loss or damage to the **Member's Primary Residence** and/or **Personal Effects**.

Member means the person who is a member in good standing in the AssurancePlus Home Protection Plan:

- a. Who has paid the membership fee; and
- b. Whose name is shown on the enrollment/registration form.

Personal Effects means the personal property of the **Member** normally located at the **Primary Residence**.

Primary Residence means a permanent residence of the **Member** which is recognized and covered by a policy of insurance as the **Primary Residence**.

Theft means 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 Company providing this insurance.

NOTE: Home Deductible Reimbursement coverage is excess to any other applicable insurance or indemnity available to the **Member**. Coverage is limited to only those amounts not covered by any other insurance or indemnity, subject to the conditions, limitations, and exclusions described herein.

COVERAGE

We will reimburse the covered **Member** for a **Loss** that occurs during the **Coverage Period** to the **Member's Primary Residence** or **Personal Effects** equal to the deductible limit shown on the **Member's Home Insurance** policy or up to the maximum of \$2,500 per claim, whichever is less. Coverage is effective upon date of Member's enrollment and will continue for one (1) year.

Only one (1) Home Deductible Reimbursement benefit will be paid per claim occurrence, and only one (1) claim per **Member** will be paid per twelve (12) month period.

Home Deductible Reimbursement coverage does not apply if:

1. The **Member** does not maintain in force **Home Insurance** on the **Member's Primary Residence** at the time of the **Loss**;
2. The claim under the **Member's Home Insurance** is not covered or has been denied by the **Member's Home Insurance** company;
3. The **Loss** does not exceed the current **Home Insurance** deductible or does not cause a payment to be made by the current **Home**



Insurance carrier to the **Member**, because the **Loss** to the **Member's Primary Residence** and/or **Personal Effects** does not exceed the current **Home Insurance** deductible;

4. The **Member's Home Insurance** company has waived the **Home Insurance** policy deductible;
5. The **Loss** occurs prior to the start of the **Coverage Period** or after the **Coverage Period** ends.

Limits of Insurance:

1. The most **We** will pay for **Loss** in any one occurrence is a maximum of \$2,500.
2. The most **We** will pay for **Loss** or damage to any one item of the **Member's Primary Residence** and/or **Personal Effects** is a maximum of \$2,500.
3. Only one (1) Home Deductible Reimbursement benefit will be paid per claim occurrence, and only one (1) claim per **Member** will be paid per twelve (12) month period.
4. Home Deductible Reimbursement coverage is excess to any other applicable indemnity program.

Exclusions:

A. **We** will not pay for **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 Primary Residence** and/or **Personal Effects**.
2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in the **Member's Primary Residence** and/or **Personal Effects**; 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. Wear and tear, depreciation or obsolescence, damage or **Theft** through normal course of use or consumption.
4. Deterioration, hidden or latent defect, or any quality in the **Member's Primary Residence** and/or **Personal Effects** that causes it to damage or destroy itself.
5. 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
6. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

B. **We** will not pay for **Loss** caused directly or indirectly by any of the following:

1. Seizures or destruction of **Member's Primary Residence** and/or **Personal Effects** 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. But **We** will pay for direct physical **Loss** to the **Member's Personal Effects** caused by resulting fire; or
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. What this agreement does not cover:

1. Any **Loss** involving liability or medical payments coverage provided for under the **Member's Home 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** for loss of use expense as may be provided by a **Home Insurance** policy for expenses incurred because the **Primary Residence** may be uninhabitable for a period of time following a **Loss** to the **Primary Residence**.



3. Any **Theft of Personal Effects** where visible signs of forced entry are not present, or mysterious disappearance.
4. Any **Loss** to a residence other than **Member's Primary Residence** and/or to **Personal Effects** unless located at **Member's Primary Residence**.
5. Any **Loss** which occurred while the **Member** was not an active and paid **Member** of the membership plan.
6. Any **Loss** to property including traveler's checks, tickets of any kind, negotiable instruments, cash or its equivalent, circulating currency, passports, documents, real property, animals, living plants or consumable items, items intended for commercial use.
7. Any **Loss** or damage to motorized vehicles of any type, intricate parts thereof, watercraft, aircraft, manufactured home or structural items intended for storage, transport, display or habitation.

How to File a Claim

To make a valid claim, the **Member** should contact the **Administrator** by phone at 1-877-296-4892 within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident may result in a denial of the claim.

The **Administrator** will send a claim form, which should be completed and mailed back to the **Administrator** at AssurancePlus Home Protection Plan, c/o cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080 along with a copy of the following:

1. Claim form submitted to the **Member's Home Insurance** company when your **Loss** occurred; and
2. Declaration Page from the **Member's Home Insurance** policy; and
3. Claim payment check the **Member** received from the **Member's Home Insurance** company for the **Loss**; and
4. Claim explanation that came with the **Home Insurance** company's claim payment check; and
5. Copy of the police report if a law has been violated; and
6. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within 180 days of the date of the **Loss**, or the claim may be denied.

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HOME GLASS BREAKAGE

COVERAGE

If during the **Coverage Period**, a window is broken at a **Member's Primary Residence**, Home Glass Breakage will reimburse the **Member** up to \$200 to replace the broken window. Coverage is limited to two (2) claims per twelve (12) month period.

Exclusions

- A. **We** will not pay any **Loss** caused by or resulting from any of the following:
1. Delay, loss of market, loss of use or any other **Loss** that is not directly associated with the incident that caused the claim 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 Primary Residence** and/or **Personal Effects**;
 2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in the **Member's Primary Residence** and/or **Personal Effects**; or 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. Deterioration, hidden or latent defect or any quality in the **Member's Primary Residence** and/or **Personal Effects** that causes it to damage or destroy itself; or
 4. 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.



B. **We** will not pay any **Loss** caused directly or indirectly by any of the following:

1. Seizures or destruction of the **Member's Primary Residence** and/or **Personal Effects** by order of governmental authority;
2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind; or
3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

Such **Loss** is excluded regardless of any other cause or event that contributes to the **Loss**, whether concurrently or in any other sequence.

How to File a Claim

To make a claim, the **Member** must contact the **Administrator** by phone at 1-877-296-4892 to request a claim form within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident will result in a denial of the claim.

The following required items, must be sent to the **Administrator** at AssurancePlus Home Protection Plan, c/o cynosure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI, 48080:

1. A fully completed signed claim form; and
2. A copy of the repair bill or the itemized bill for materials; and
3. Any other documents the **Administrator** may reasonably request to validate a claim.

All these required items, including the claim form, must be postmarked within 180 days of the date of the **Loss** or the reimbursement will be withheld.

Duties In The Event Of Loss:

1. Notify the police if a law may have been violated;
2. Take all reasonable steps to protect and preserve the **Member's Primary Residence** and/or **Personal Effects** from further damage;
3. Promptly send the **Administrator** any legal papers or notices received concerning the **Loss**; and
4. Cooperate with the **Administrator** in the investigation or settlement of the claim.

HOME LOCKOUT

COVERAGE

If during the **Coverage Period**, the **Member** is locked out from their **Primary Residence**, Home Lockout Reimbursement will reimburse up to \$100 for a licensed locksmith to allow the **Member** to enter their **Primary Residence**. Coverage is limited to two (2) lockouts per twelve (12) month period.

Exclusions

A. **We** will not pay any **Loss** caused by or resulting from any of the following:

1. Delay, loss of market, loss of use or any other **Loss** that is not directly associated with the incident that caused the claim 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 Primary Residence** and/or **Personal Effects**;
2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in the **Member's Primary Residence** and/or **Personal**



- Effects**; or 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; or
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.
- B. **We** will not pay any **Loss** caused directly or indirectly by any of the following:
1. Seizures or destruction of the **Member's Primary Residence** and/or **Personal Effects** by order of governmental authority;
 2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind; or
 3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

How to File a Claim

To make a claim, the **Member** must contact the **Administrator** by phone at 1-877-296-4892 to request a claim form within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident will result in a denial of the claim.

The following required items, must be sent to the **Administrator** at AssurancePlus Home Protection Plan, c/o cynosure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI, 48080:

1. A fully completed claim signed form; and
2. A copy of the paid locksmith's bill; and
3. Any other documents the **Administrator** may reasonably request to validate a claim.

All these required items, including the claim form, must be postmarked within 180 days of the date of the **Loss** or the reimbursement will be withheld..

Duties In The Event Of Loss:

1. Notify the police if a law may have been violated;
2. Take all reasonable steps to protect and preserve the **Member's Primary Residence** and/or **Personal Effects** from further damage;
3. Promptly send the **Administrator** any legal papers or notices received concerning the **Loss**; and
4. Cooperate with the **Administrator** in the investigation or settlement of the claim.

APPLIANCE/ELECTRONIC REPAIR REIMBURSEMENT:

COVERAGE

After thirty (30) days from the effective date of membership, the **Member** is eligible to receive a fifty percent (50%) reimbursement of the payment made to a repair facility to repair an **Appliance** or piece of **Electronic Equipment** that is located in the **Members Primary Residence** during the **Coverage Period**. The repair and repair payment must occur thirty (30) days after the effective date of the membership.

The maximum repair reimbursement amount the **Member** can receive per claim occurrence is \$500.

The maximum repair reimbursement amount the **Member** can receive per twelve (12) month period is \$1,000.

Exclusions

No benefit is payable for:



1. **Loss** resulting from any cause other than the normal use and operation of the eligible product for which the product was designed per the manufacturers guidelines;
2. **Loss** resulting from damage to or failure of product used for commercial or outdoor purposes;
3. **Loss** resulting from Acts of God;
4. **Loss** resulting from **theft**, water damage, fire damage, physical damage, power surges, intentional damage, negligence, misuse or abuse;
5. **Loss** resulting from repairs to upgrade or improve the eligible product;
6. Cleaning or other preventative maintenance required to maintain normal operation of the **Appliance** or **Electronic Equipment**;
7. Any charges other than parts and labor or charges where a repair was not performed by a repair company; or
8. **Loss** resulting from normal wear and tear including cosmetic items such as scratches, dents, finishes etc.
9. Repairs or reimbursement are not covered for ductwork and duct connections; electrical connections or wiring that are not a part of the **Appliance** or **Electronic Equipment**; filters; flues and vents; handles; hot tubs; piping; light bulbs; meat probe assemblies and rotisseries; radiant floor tubing; refrigerant lines; registers; secondary drain pans and lines; security systems; thermostats; venting, water heaters; whole house furnace and air conditioning systems, cell phones/smart phones.
10. **Loss** that was not incurred by **You**, the member.
11. **Loss** resulting from a replacement of an item, is not covered by this Plan.
12. Repairs not performed or paid for during the Coverage period, and after the thirty (30) day Waiting period, are not covered by this plan.

How to File a Claim

To make a claim, the **Member** must contact the **Administrator** by phone at 1-877-296-4892 to request a claim form within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident will result in a denial of the claim.

The following required items, must be sent to the **Administrator** at AssurancePlus Home Protection Plan, c/o cynosure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI, 48080 / claims@cynosurefinancial.com:

1. A fully completed and signed claim form; and
2. A bill or invoice from a Repair Company showing:
 - a. The date the repair occurred; and
 - b. The problem causing the repair; and
 - c. The manufacturer and serial number of **Your** appliance/electronic item; and
 - d. The amount **You** were charged for the repair.
3. Evidence that You the member paid the Repair Company in the form of canceled check, paid receipt, credit card statement or banking statement.

All these required items, including the claim form signed by the member, must be postmarked within 180 days of the date of the **Loss** or the reimbursement will be denied.

EMERGENCY LODGING REIMBURSEMENT

COVERAGE

We will reimburse the covered **Member**, up to a maximum of \$1,000 per claim occurrence, in the event that the **Member's Primary Residence** becomes uninhabitable during the **Coverage Period** due to events beyond the **Member's** control. These events are limited to break-in, **Theft**, tornado, hurricane, earthquake, flood, fire, landslide and mandatory evacuation.

We will also reimburse the covered **Member**, up to a maximum of \$1,200 per claim occurrence, for lodging expenses in the event of:

1. A sudden breakdown of their only air conditioning unit in the **Primary Residence** in the summer (defined as occurring within the



- following months/days of the year: 6/20 - 9/23), or a sudden breakdown of their only furnace in the winter (defined as occurring within the following months/days within the year: 12/21 - 3/20), that results in the unit remaining completely non-operational for 24 hours or more (from the time of the first service visit from the Service Provider) due to a delay in availability of the required repair parts to the Service Provider for their completion of the repair; or
2. A sudden break in their water pipes in the **Primary Residence** that results in the residence being flooded if the removal of the water by the Service Provider is delayed by 24 hours or more from the time the documented service request was made by the **Member**.

Limits of Insurance:

1. **We** will reimburse one (1) claim per twelve (12) month period for Emergency Lodging. Depending on the event **We** will either reimburse up to ten (10) nights at \$100 per night - for an overall maximum of \$1,000 or **We** will reimburse up to twelve (12) nights at \$100 per night - for an overall maximum of \$1,200
2. Only one (1) Emergency Lodging Reimbursement benefit will be paid per claim occurrence, and only one (1) claim per **Member** will be paid per twelve (12) month period.
3. Emergency Lodging Reimbursement coverage is excess to any other applicable insurance or indemnity program.

Emergency Lodging Reimbursement coverage does not apply if:

1. The **Member** does not maintain in force **Home Insurance** on the **Member's Primary Residence** at the time of the **Loss**;
2. The claim under the **Member's Home Insurance** is not covered or has been denied by the **Member's Home Insurance** company; or
3. The **Loss** occurs prior to the start of the **Coverage Period** or after the **Coverage Period** ends.

Exclusions:

A. **We** will not pay any **Loss** caused by or resulting from any of the following:

1. Delay, loss of market, loss of use or any other **Loss** that is not directly associated with the incident that caused the claim 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 Primary Residence** and/or **Personal Effects**;
2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in the **Member's Primary Residence** and/or **Personal Effects**; or 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. Deterioration, hidden or latent defect or any quality in the **Member's Primary Residence** and/or **Personal Effects** that causes it to damage or destroy itself; or
4. 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.

B. **We** will not pay any **Loss** caused directly or indirectly by any of the following:

1. Seizures or destruction of the **Member's Primary Residence** and/or **Personal Effects** by order of governmental authority;
2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind; or
3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

Such **Loss** is excluded regardless of any other cause or event that contributes to the **Loss**, whether concurrently or in any other sequence.



C. What this agreement does not cover:

1. Any **Loss** involving liability or medical payments coverage provided for under the **Member's Home 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** for loss of use expense as may be provided by a **Home Insurance** policy for expenses incurred because the **Primary Residence** may be uninhabitable for a period of time following a **Loss** to the **Primary Residence**;
3. Any **Loss** to a residence other than **Member's Primary Residence** and/or to **Personal Effects** unless located at the **Member's Primary Residence**;
4. Any **Loss** which occurred while the **Member** was not an active and paid **Member** of the membership plan;
5. Any **Loss** or damage to motorized vehicles of any type or intricate parts of such vehicle, watercraft, aircraft or manufactured home or structural items intended for storage, transport, display or habitation.

How to File a Claim:

To make a claim, the **Member** must contact the **Administrator** by phone at 1-877-296-4892 to request a claim form within 90 days of the date that the **Loss** occurred. Failure to give notice within 90 days of the incident may result in a denial of the claim.

The following required items, must be sent to the **Administrator** at AssurancePlus Home Protection Plan, c/o cynosure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI, 48080:

1. A copy of the claim form submitted to the **Member's Home Insurance** company when the **Loss** occurred; and
2. The Declaration Page from the **Member's Home Insurance** policy; and
3. A copy of the claim payment check the **Member** received from the **Member's Home Insurance** company for the **Loss**; and
4. The claim explanation that came with the **Home Insurance** company's claim payment check; and
5. A copy of the police report if a law has been violated; and
6. A copy of itemized receipts for Lodging Expenses.
7. Any other documentation that the **Administrator** may reasonably request to validate a claim.

All these required items, including the claim form, must be postmarked within 180 days of the date of the **Loss** or the reimbursement will be withheld.

Duties In The Event Of Loss:

1. Notify the police if a law may have been violated;
2. Take all reasonable steps to protect and preserve the **Member's Primary Residence** and/or **Personal Effects** from further damage;
3. Permit the **Administrator** to inspect the **Member's Primary Residence** and/or **Personal Effects** and records proving **Loss**;
4. If requested, permit the **Administrator** to question the **Member** under oath, at such times as may be reasonably required, about any matter relating to this insurance or the claim, including the **Member's** books and records. In such event, the **Member's** answers must be signed;
5. Promptly send the **Administrator** any legal papers or notices received concerning the **Loss**; and
6. Cooperate with the **Administrator** in the investigation or settlement of the claim.

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 the **Loss** to impair them.



GENERAL PROVISIONS:

Abandonment: There can be no abandonment of any property to **Us**.

Concealment, Misrepresentation or Fraud: No coverage will be provided if, whether before or after a **Loss**, any **Member** at any time has:

- a. Concealed or misrepresented any material circumstance concerning this insurance, or
- b. Made false statements or engaged in fraudulent conduct.

Recoveries: Any recovery or salvage on a **Loss** will accrue entirely to **Our** benefit until **We** have been fully reimbursed for **Our** payment.

Reinstatement of Limit after Loss: The maximum limit of insurance will not be reduced by the payment of any claim.

No Benefit to Bailee: No person or organization other than the **Member** will benefit from this insurance.

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 whom 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. 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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