CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 8/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER

Smith & Associates Insurance Agency, Inc.
PO Box 1578
New Smyrna Beach, FL 32170

CONTACT NAME: Autumn Scarsella
PHONE (A/C, No, Ext): 386-409-8004 FAX (A/C, No): 386-409-0012
E-MAIL ADDRESS: Autumn@smithinsagencyinc.com
PRODUCER CUSTOMER ID: BOUCH17

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Frontline Ins Unlimited	10074
INSURER B :	STARNET INSURANCE COMPANY	40045
INSURER C :	Travelers Property & Casualty Insurance Company	36161
INSURER D :	Selective Ins Co of the Southeast	39926
INSURER E :		
INSURER F :		

INSURED

Bouchelle Island XVII Condominium Association, Inc.
C/O Intracoastal Bookkeeping & Management, Inc.
PO Box 1527
Ormond Beach, FL 32175

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

15 Unit Residential Condominium Association Located at 451 Bouchelle Drive, New Smyrna Beach, FL 32169
Unit #: Unit Owner(s): Loan #:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X **PROPERTY** CAUSES OF LOSS — DEDUCTIBLES BASIC — BUILDING $5,000 BROAD — CONTENTS X SPECIAL EARTHQUAKE X WIND — 5% FLOOD X All Other Wind — 1%	8910115428 *Coinsurance-Agreed Amount *100% Replacement Cost *Ordinance or Law Included	03/31/2026	03/31/2027	X BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	$2,414,688 $170,886 (Garage) $ $ $ $ $ $ $ $
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER			Limit Deductible	$ $ $ $
B	X **CRIME** TYPE OF POLICY Fidelity/Employee Theft	QDR0008199-00 *Property Manager Included	03/31/2026	03/31/2027	X Theft/Fidelity	$200,000 $ $
C	X **BOILER & MACHINERY / EQUIPMENT BREAKDOWN**	4W289867	03/31/2026	03/31/2027	X Limit	$FULL TIV $
D	Flood	FLD2645605	12/03/2025	12/03/2026	X Building Limit X Deductible	$2,873,000 $5,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is "Walls-Out". Property Manager is included under crime coverage. No Inflation Guard, policy values based on 2024 Replacement Cost Appraisal. Annual Building Review for Increase.
30 Day Cancellation Notice except 10 days for Non Payment of Premium.

CERTIFICATE HOLDER

FOR INFORMATION ONLY
XXXXXXXXXXX
XXXXXXXXXXX

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Autumn Scarsella W056088

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Smith & Associates Insurance Agency, Inc.
PO Box 1578
New Smyrna Beach, FL 32170

CONTACT NAME: Autumn Scarsella
PHONE (A/C, No, Ext): 386-409-8004 FAX (A/C, No): 386-409-0012
E-MAIL ADDRESS: Autumn@smithinsagencyinc.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Mount Vernon Fire Insurance Company	26522
INSURER B : Spinnaker Specialty Insurance Company	17045
INSURER C : Great American Insurance Company	22136
INSURER D : Zenith Insurance Company	13269
INSURER E :	
INSURER F :	

INSURED

Bouchelle Island XVII Condominium Association, Inc.
C/O Intracoastal Bookkeeping & Management Inc.
PO Box 1527
Ormond Beach, FL 32175

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			NPP2585667C	03/31/2026	03/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ INCLUDED
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION $ 0			PPP7502088L24A-00	03/31/2026	03/31/2027	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Z135836008	03/31/2026	03/31/2027	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	Directors & Officers			EPPF260875	03/31/2026	03/31/2027	Limit: $1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

15 Unit Residential Condominium Located at 451 Bouchelle Drive New Smyrna Beach, FL 32169
Unit #:
Unit Owner(s):
Loan #:

General Liability policy contains Separation of Insured clause. 30 Day Cancellation Notice except 10 days for Non Payment of Premium.

CERTIFICATE HOLDER

FOR INFORMATION ONLY
XXXXXXXXXX
XXXXXXXXXX

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Autumn Scarsella W056088

SELECTIVE
BE UNIQUELY INSURED®

SMITH & ASSOCIATES INSURANCE AGENCY INC
PO BOX 1578
NEW SMYRNA BEACH, FL 32170

DECEMBER 04, 2025

BOUCHELLE ISLAND XVII-451 CONDOMINIUM ASSN.
PO BOX 1527
ORMOND BEACH, FL 32175-1527

Subject: **Your New Flood Insurance Policy from Selective**
Policy Number: FLD2645605
Insured(s): BOUCHELLE ISLAND XVII-451 CONDOMINIUM ASSN.
Property Location: 451 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169-5483

Dear Valued Customer:
Thank you for choosing Selective for your flood insurance needs.
Enclosed you will find your Flood Policy Declarations Page, the National Flood Insurance Program's Summary of Coverage, Selective's Notice of Information Practices, and Claims Guidelines in Case of a Flood.

Please review your Declarations Page to ensure the information is accurate. Inaccurate information may impact your policy's premium. If any changes are needed, please contact your agency or email our customer service team: FloodCustomerService@selective.com. Questions regarding prior claims history must be directed to the Federal Emergency Management Agency (FEMA) at (877) 336-2627 or FEMAMapSpecialist@riskmapods.com.

If you find that your renewal premium is lower than the Full Risk Premium shown on your Declarations Page, this may be because your policy was previously rated using subsidized rates. FEMA has recently reformed its rating methodology. **This new rating methodology is commonly referred to as Risk Rating 2.0 (RR 2.0). RR 2.0 utilizes equitable rates based on the value of your property and its exposure to flood risks**. The Full Risk Premium shown on your Declarations Page is the total cost of flood insurance for your property calculated under RR 2.0. If your renewal premium is lower than the Full Risk Premium, as long as your policy does not lapse your annual premium increase will be capped at 18% until the renewal premium reaches the Full Risk Premium. For more information on RR 2.0, please visit **www.SelectiveFlood.com.**

To view your flood insurance policy, visit **customer.myselectiveflood.com**. If you would like a copy of the policy emailed or mailed to you, please contact our customer service team at (877) 348-0552 or selectivefloodpolicy@selective.com. Unless we hear from you, we will assume that you can view your policy through our customer website.

Don't forget to take advantage of our self-service capabilities by visiting our website **customer.myselectiveflood.com**. Our self-service site makes it easy for you to:

- Pay your renewal premium.
- Sign up for electronic delivery of your flood insurance documents.
- Update your mailing address and other information on your policy.
- Report and track the status of a flood claim and more.

We appreciate your business. Together with your agent, we look forward to serving you.

Sincerely,

Cassie Masone - Vice President Flood Operations
Selective Insurance Company of America

SELECTIVE
BE UNIQUELY INSURED®

SMITH & ASSOCIATES INSURANCE AGENCY INC
PO BOX 1578
NEW SMYRNA BEACH, FL 32170

CLAIM GUIDELINES IN CASE OF A FLOOD

For the protection of you and your family, the following claim guidelines are provided by the National Flood Insurance Program (NFIP). If you are ever in doubt as to what action is needed, consult your insurance representative.

· Notify Selective Insurance or your insurance representative as soon as possible after the flood.

· If you have not been contacted by an adjuster within 24 - 48 hours after you reported the claim to your insurance representative please call Selective Insurance at (877) 348-0552.

· As soon as possible, separate damaged property from undamaged property so that damage can be inspected and evaluated.

· Discuss with the claims adjuster any need you may have for an advance or partial payment for your loss.

· To help the claims adjuster, try to take photographs of the outside of the premises showing the flooding and the damage and photographs of the inside of the premises showing the height of the water and the damaged property.

· Place all account books, financial records, receipts, and other loss verification material in a safe place for examination and evaluation by the claims adjuster.

· Work cooperatively and promptly with the claims adjuster to determine and document all claim items.

· Make sure that the claims adjuster fully explains, and that you fully understand, all allowances and procedures for processing claim payments on the basis of your proof of loss. This policy requires you to send us detailed proof of loss within 60 days after the loss.

· Coverage problems and claim allowance restrictions will be communicated directly from Selective Insurance or the NFIP. Claims adjusters are not authorized to approve or deny claims; their job is to report to the Selective Insurance or the NFIP on the elements of flood cause and damage.

· At our option, we may accept an adjuster’s report of the loss instead of your proof of loss. The adjuster’s report will include information about your loss and the damages to your insured property. You must sign the adjuster’s report. At our option, we may require you to swear to the report.

Important Information About The National Flood Insurance Program (NFIP)

Federal law requires insurance companies that participate in the NFIP to provide you with the enclosed Summary of Coverage. It’s important to understand that the Summary of Coverage only provides a general overview of the coverage afforded under your policy. You will need to review your flood insurance policy, Declarations Page, and any applicable endorsements for a complete description of your coverage. The enclosed Declarations Page indicates the coverage you purchased, your policy limits and amount of your deductible.

You will soon receive additional information about the National Flood Insurance Program from FEMA. This information will include a Claims Handbook, a history of flood losses that have occurred on your property as contained in FEMA's data base, and an acknowledgement letter.

SELECTIVE
BE UNIQUELY INSURED®

SMITH & ASSOCIATES INSURANCE AGENCY INC
PO BOX 1578
NEW SMYRNA BEACH, FL 32170

Agency Phone: (386) 409-8004

NFIP Policy Number: 0002645605
Company Policy Number: FLD2645605
Agent: SMITH & ASSOCIATES INSURANCE AGENCY INC

Payor: INSURED
Policy Term: 12/03/2025 12:01 AM - 12/03/2026 12:01 AM
Policy Form: RCBAP

To report a claim visit or call us at: https://customer.myselectiveflood.com (877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

DELIVERY ADDRESS

BOUCHELLE ISLAND XVII-451 CONDOMINIUM ASSN.
PO BOX 1527
ORMOND BEACH, FL 32175-1527

INSURED NAME(S) AND MAILING ADDRESS

BOUCHELLE ISLAND XVII-451 CONDOMINIUM ASSN.
PO BOX 1527
ORMOND BEACH, FL 32175-1527

COMPANY MAILING ADDRESS

Selective Ins Co of the Southeast
PO BOX 782747
PHILADELPHIA, PA 19178-2747

INSURED PROPERTY LOCATION

451 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169-5483

BUILDING DESCRIPTION: ENTIRE RESIDENTIAL CONDOMINIUM BUILDING
BUILDING DESCRIPTION DETAIL: N/A

RATING INFORMATION

BUILDING OCCUPANCY: RESIDENTIAL CONDOMINIUM BUILDING
NUMBER OF UNITS: 15 UNITS
PRIMARY RESIDENCE: NO
PROPERTY DESCRIPTION: SLAB ON GRADE (NON-ELEVATED), 3 FLOOR(S)
PRIOR NFIP CLAIMS: 0 CLAIM(S)

REPLACEMENT COST VALUE: $2,907,735.00
DATE OF CONSTRUCTION: 01/01/1988
CURRENT FLOOD ZONE: X
FIRST FLOOR HEIGHT (FFH): 1.0 FEET
MOST FAVORABLE FFH METHOD: FEMA DETERMINED

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: **LOAN NO:** N/A

SECOND MORTGAGEE: **LOAN NO:** N/A

ADDITIONAL INTEREST: **LOAN NO:** N/A

DISASTER AGENCY: **CASE NO:** N/A
DISASTER AGENCY: N/A

RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	**$2,873,000**	**$5,000**
CONTENTS:	**N/A**	**N/A**

SEE POLICY FORM FOR INFORMATION ON COVERAGE LIMITATIONS AND COINSURANCE PENALTIES.
PLEASE REVIEW THIS DECLARATION PAGE. INACCURATE INFORMATION MAY LEAD TO CLAIM PROCESSING DELAYS.
QUESTIONS OR CHANGES NEEDED, PLEASE CONTACT YOUR AGENCY.

COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	$7,692.00
CONTENTS PREMIUM:	$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	$75.00
MITIGATION DISCOUNT:	($0.00)
COMMUNITY RATING SYSTEM REDUCTION:	($1,894.00)
FULL RISK PREMIUM:	**$5,873.00**
ANNUAL INCREASE CAP DISCOUNT:	($0.00)
STATUTORY DISCOUNTS:	($0.00)
DISCOUNTED PREMIUM:	**$5,873.00**
RESERVE FUND ASSESSMENT:	$1,057.00
HFIAA SURCHARGE:	$250.00
FEDERAL POLICY FEE:	$705.00
PROBATION SURCHARGE:	$0.00
TOTAL ANNUAL PREMIUM:	**$7,885.00**

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

John Marchioni / Chairman, President & CEO

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Zero Balance Due - This Is Not A Bill

Policy issued by: Selective Ins Co of the Southeast

Insurer NAIC Number: 39926

Printed 12/04/2025

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NOTICE OF INFORMATION PRACTICES (LONG FORM)

MISC-798 06 01

Your application or information you provide in connection with a claim is our major source of information. However, in order to evaluate your application for insurance, to service your policy or to process a claim, we may ask for additional information about you and any person who will be insured under this policy or who is the subject of the claim. This is sometimes necessary to make certain that the statements on your application are accurate or to process the claim. We may also need more details than you have already given us.

INFORMATION WE COLLECT

In connection with an application, the information that we may collect will enable us to make possible judgments about your character, habits, hobbies, finances, occupation, general reputation, health or other personal characteristics. In connection with a claim, the information we may collect will enable us to process the claim.

We may obtain this information from several sources. For example, we may contact any physician, clinic or hospital where any persons to be insured or making a claim have been treated. We may need information from your employer. But, before we ask for information from any of these sources, we will ask you to sign an authorization, which gives us permission to proceed, unless authorization is not required by law. We may get information by talking or writing to other insurance companies to which you applied for a policy or with which you have made a claim, members of your family, neighbors, friends, your insurance agent and others who know you. We may also obtain information from motor vehicle reports, court records, or photographs of the property you want insured or with regard to which you have made a claim.

CONSUMER REPORTS

It is common for an insurance company to order a report from an independent organization — a consumer reporting agency or an insurance-support organization — to verify and add to the information that you have given us. These reports are used to help us decide if you qualify for the insurance for which you have applied or to evaluate the claim you have made.

They may:

_____ pertain to your mode of living, character, general reputation and personal characteristics such as health, job and finances.

_____ contain information on your marital status, driving records, etc.

_____ include information on the loss history of your property.

_____ include information gathered by talking or writing to you or members of your family, neighbors, friends, your insurance agent and others who know you.

_____ include information from motor vehicle reports, court records or photographs of your property and/or the property involved in the claim.

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Upon your request, the consumer reporting agency or insurance-support organization will attempt to interview you in connection with any report it prepares. The information may be kept by the reporting organization and may later be given to others who use its services. It will be given only to the extent permitted by the Federal Fair Credit Reporting Act and your local state law, if any. Upon request and identification, the consumer reporting agency or insurance-support organization will provide you with a copy of the report.

DISCLOSURE OF INFORMATION

Information we collect about you will not be given to anyone without your consent, except when necessary to conduct our business. There are some disclosures which may be made without your prior authorization. These include:

_____ Persons or organizations who need the information to perform a professional, business or insurance function for us, such as businesses that assist us with data processing or marketing.
_____ Other insurance companies, agents, or consumer reporting agencies as it may be needed in connection with any application, policy or claim involving you.
_____ Adjusters, appraisers, investigators and attorneys who need the information to investigate or settle a claim involving you.
_____ An insurance-support organization which is established to collect information for the purpose of detecting and preventing insurance crimes or fraudulent claims.
_____ A medical professional or institution to verify your insurance coverage or inform you of a medical condition of which you may not be aware.
_____ Persons or organizations that conduct scientific research, including actuarial or underwriting studies.
_____ Persons or organizations that will use the information for sales purposes, unless you indicate in writing to us that you do not want the information disclosed for this purpose.
_____ Our affiliated companies for auditing our operations and for marketing an insurance product or service.

In addition, we may provide information to state insurance departments in connection with their regulatory authority and to other governmental or law enforcement authorities to protect our legal interests or in cases of suspected fraud or illegal activities.

YOUR INSURANCE POLICY FILES

Information we collect about you will be kept in our policy files. We may refer to this information if you file a claim for benefits under any policy you have with us or if you apply to us for a new policy. You have the right to know what kind of information we keep in our files about you, to have access to the information, and to receive a copy. There are some types of information; however, to which we are not required to give you access. This type of information is generally collected when we evaluate a claim or when the possibility of a lawsuit exists.

If you want information from your files, please contact us. There may be a nominal charge for copies of records. If you think your file contains incorrect information, notify us indicating what you believe is incorrect and your reasons. We will reinvestigate the matter and either correct our records or place a statement from you in our files explaining why you believe the information is incorrect. We will also notify persons or organizations to whom we previously disclosed the information of the change or your statement.

CONFIDENTIALITY AND SECURITY OF PERSONAL INFORMATION

We restrict access to personal information to those individuals who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with legal standards and ensure the confidentiality of personal information in accordance with our policy.

TREATMENT OF PERSONAL INFORMATION OF FORMER CUSTOMERS AND APPLICANTS

We adhere to this personal information privacy policy even when a customer relationship no longer exists. Disclosures about former applicants and customers may be made without prior authorization as permitted by law.

If you have any questions about our information practices, please contact us.