**1.0 CONSUMER DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | Mr | Mrs | Ms | Other: |
| **Last name:** |  | | | |
| **First name:** |  | | | |
| **Address:** |  | | | |
| **Telephone number:** |  | | | |
| **E-mail address:** |  | | | |
| **Date of birth:** |  | | | |
| **State of residence:** | Choose an item. | | | |
| **Identification provided to verify name of consumer:** |  | | | |
| **Please select request type, and, if possible, provide details of information requested:** | Request to know the categories of personal information of the consumer that Ascot US has collected, used, disclosed and/or sold.  Request to obtain specific pieces of personal information that Ascot US has collected about the consumer.  Request to delete personal information that Ascot US has collected about the consumer. | | | |

**Consumer relationship with Ascot US (select one):**

Policyholder

Employee

Prospective Employee

Former Employee

Business Partner

Agent/Broker

Non-Agent/Broker Representative

Third-Party Service Provider

Current Insured

Prospective Insured

Former Insured

Other:

Claimant

* 1. **DETAILS OF PERSON REQUESTING THE INFORMATION (if not the consumer):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have legal authority to make this request on behalf of the consumer? | | | | Yes  No | |
| What is your relationship with the consumer (e.g., parent, legal guardian, attorney, etc.)? | | | |  | |
| **Please enclose proof that you are legally authorized to obtain this information.** | | | | | |
| **Title:** | Mr | Mrs | Ms | | Other: |
| **Last name:** |  | | | | |
| **First name:** |  | | | | |
| **Address:** |  | | | | |
| **Telephone number:** |  | | | | |
| **Email address:** |  | | | | |

**How should Ascot US communicate with you (select all that apply)?**

E-mail Address

Phone Number (data/messaging rates may apply)

US Mail

**How do you want to receive your disclosures (select one)?**

Electronic (consumer’s e-mail address)

Print (mailed to the consumer’s address)

1. **DECLARATION**

I, ………………………………………………………, the undersigned and the person identified above in Section (1.0), hereby request that Ascot US provide me with the information identified above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, ………………………………………………………, the undersigned and the person identified above in Section (1.1), hereby request that Ascot US provide me with the information about the consumer identified above in Section (1.0).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_