

## **CUSTOMER PRIVACY AND INFORMATION PRACTICES NOTICE**

**We value you as a customer of the Southern Mutual Insurance Company and we take your personal privacy seriously. The purpose of this notice is to inform you of our policies for collecting, using, securing and sharing non-public personal information to the extent that you have entered into an insurance transaction with us involving insurance primarily for personal, family, or household purposes ("Personal Information")**

To help you better understand how your Personal Information is protected, we are providing you with this statement describing our practices and policies concerning the privacy of Personal Information. This statement is provided to you jointly on behalf of the insurance and financial institutions identified above.

### **Southern Mutual Insurance Company's Privacy and Confidentiality Policy**

- We do not sell Personal Information.
- We do not provide Personal Information to persons or organizations outside Southern Mutual Insurance Company and its affiliates who are doing business on our behalf, for their own marketing purposes.
- We require any person or organization providing products or services to customers on our behalf to protect the confidentiality of our Personal Information.
- We afford prospective and former customers the same protections as existing customers with respect to the use of Personal Information.

### **Information We May Collect**

We may collect nonpublic personal information about you from individuals other than those proposed for insurance or financial services. We collect and use information we believe is necessary to administer our business, to advise you about our products and services, and to provide you with customer service. We may collect and maintain several types of Personal Information needed for these purposes, such as those below.

### **Types of information we may collect and how we gather it:**

- **From you**, such as your name, address, telephone number, social security number, income and employment (from applications for our insurance and banking products or on other forms, through telephone or in-person interviews, inspections, your Southern Mutual agent, etc.).
- **From your transactions with us**, such as your policy coverage, premiums, payment history, underwriting and claims documents.
- **From non-Southern Mutual companies**, such as your driving record, claim history, and medical records.
- **From consumer reporting agencies**, such as your credit history and your creditworthiness.

### **How We Use Personal Information**

We use Personal Information to underwrite your policies, process your claims, ensure proper billing, service your accounts, and offer you other insurance or financial products offered by Southern Mutual and our affiliates that we believe may suit your needs. We may disclose this kind of information about you as explained below.

### **Disclosure of Personal Information**

We do not share Personal Information about you except as permitted by law. We do not give or sell our Personal Information to other companies for their marketing purposes. Therefore, you do not have to "opt out" or ask us to keep your information private.

We share information about our transactions (such as payment of premium) and experiences (such as an auto accident) with you within Southern Mutual Insurance Company and our affiliates and with our agents to better serve you and to assist in meeting your current product and service needs. We may also disclose Personal Information about you to persons or organizations inside or outside Southern Mutual Insurance Company and our affiliates as permitted or required by law, including companies that perform marketing services for us or with whom we have joint marketing agreements. These agreements allow us to provide a broader selection of insurance and financial products to you.

We may share Personal Information about you with the following parties without your consent:

- Our affiliated companies;
- Your independent agent or broker;
- To an insurance company, agent or insurance-support organization, or self-insurer when the information disclosed to them is reasonably necessary for them (1) to detect or prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with an insurance transaction; or (2) to perform its function in connection with an insurance transaction involving you;

- Independent claims adjusters, appraisers, investigators, medical professionals, and attorneys who need the information to investigate, defend or settle a claim involving you;
- Other insurance companies, agents or consumer reporting agencies as necessary in connection with any application, policy or claim involving you;
- Insurance support organizations that are established to collect information for the purposes of detecting and preventing insurance crimes or fraudulent claims. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-service organization or disclosed to other persons.
- Parties (other than insurance institutions, agents or insurance-support organizations) who perform business, professional or insurance functions for our company to enable them to provide information to us for the following purposes: To determine your eligibility for an insurance benefit or payment, or to detect or prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with an insurance transaction. These parties are permitted to further disclose your Personal Information to others without your written consent but only if further disclosure would be permitted if made by us, another insurance company, agent, or insurance support organization, or is reasonably necessary for parties to perform their functions for our company.
- Medical care institutions or medical professionals to verify coverage or benefits, conduct an operations or services audit, or inform you of a medical problem of which you may not be aware;
- Insurance regulatory agencies in connection with the regulation of our business;
- Law enforcement or other governmental authorities to protect our legal interests, in cases of suspected fraud or illegal activities, or, when requested in writing, to any law enforcement agency for all insured or claimant information in the possession of our company, an agent or an insurance-support organization which relates to an ongoing criminal investigation. We, the agent, or an insurance-support organization will release such information, including, but not limited to, policy information, premium payment records, record of prior claims by the insured or by another claimant, and information collected in connection with an insurance company's investigation of an application or claim. Any information released to a law enforcement agency pursuant to such request shall be treated as confidential criminal investigation information and not be disclosed further except as provided by law. Our company, agent, or insurance-support organization will not notify any insured or claimant that information has been requested or supplied to notification from the requesting law-enforcement agency that its criminal investigation is completed;
- Persons or organizations that conduct scientific research, including actuarial or underwriting studies, but only if (1) no individual person may be identified in the studies, (2) the materials identifying the individual are returned or destroyed as soon as no longer needed, and (3) the actuarial or research organization agrees not to disclose the information unless the disclosure would be allowed if made by us, another insurance company, agent or insurance-support organization;
- If ordered by a summons, court order, search warrant or subpoena;
- To an affiliate whose only use of the information will be in connection with an audit of our companies or agents or the marketing of an insurance product or service, provided that the affiliate agrees not to disclose the information for any other purpose or to unaffiliated persons.
- To a group policyholder for the purpose of reporting claims experience or conducting an audit of the insurance institution's or agent's operations or services, provided the information disclosed is reasonably necessary for the group policyholder to conduct the review or audit.

### **How to Find Out What Personal Information We Have About You**

If you have any questions about what we have in your file, you may write to us. After producing proper identification, you also may see and copy your file (except for certain documents about claims and lawsuits).

If you submit a written request to us requesting access to Personal Information about you that is recorded and reasonably retrievable, we will within 30 business days from the date we receive your request:

1. Inform you (in writing, by telephone or other oral communication) of the nature and substance of the recorded information that we have;
2. Permit you to see and copy, in person, the recorded Personal Information or to obtain a copy of the recorded Personal Information by mail, unless the recorded Personal Information is in coded form, in which case we will provide you an accurate written translation in plain English;
3. With certain exceptions, disclose the identity, if recorded, of those persons to whom we disclosed the Personal Information within 2 years prior to your request and if the identity is not recorded, then the names of those companies, institutions, agents, organizations and other persons to whom we would normally disclose the information;
4. Inform you of the source of the information if it is an institutional source;
5. Provide you with a summary of the procedures by which you may request correction, amendment, or deletion of records Personal Information and by which we will review and act on your request. Based on your written request for correction, amendment or deletion of records, we will either (a) correct, amend or delete the portion of the recorded Personal Information in dispute; or (b) notify you of our refusal to make such correction, amendment or deletion; the reasons for our refusal; and your right to file a statement in response to our decision.
6. Provide you or, if we prefer and upon notice to you, your designated, appropriately-licensed medical provider, medical record information supplied by a medical care institution or medical professional together with the identity of the medical professional or medical care institution which provided the information.

Your rights of access and review to the recorded information do NOT extend to information about you that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal proceedings involving you.

Within 90 business days of the date of mailing or sending of a notice of adverse underwriting decision to you, you may deliver a written request to us to furnish (a) the specific reason(s) for our adverse underwriting decision (such as declination, termination or increased premium) if those reasons were not initially furnished in writing to you and (b) the institutional sources of the information relied upon in making such decision.

Except for certain disclosures, we may charge a reasonable fee to cover the costs that we incur in providing a copy of your recorded Personal Information.

If you have any questions about the right of access to or correction of your file, please write us at the following address:

Southern Mutual Insurance Company  
ATTN: Customer Privacy Inquiries  
P.O. Box 7009  
Athens, GA 30604-7009

**When You Write, Please Be Sure To Tell Us Your:**

Name  
Address  
Policy number  
Telephone number and the best time of day to contact you

Please include a copy (not the original) of your personal identification, such as your driver's license.

**Southern Mutual Insurance Company Protects Personal Information**

We maintain physical, electronic, procedural and organizational safeguards to protect your Personal Information. We continually review our policies and practices and test the strength of our security in order to help us ensure the security of Personal Information.

**About Southern Mutual Insurance Company and the Donegal Insurance Group**

Southern Mutual Insurance Company is affiliated with Donegal Insurance Group and its family of regional property and casualty insurance and financial services companies that also includes: Donegal Mutual Insurance Company; Atlantic States Insurance Company; Le Mars Insurance Company; Peninsula Insurance Company; Peninsula Indemnity Company; Sheboygan Falls Insurance Company; Southern Insurance Company of Virginia; Province Bank FSB; Donegal Financial Services Corporation; and Commonwealth Insurance Services, Inc.

**Applicability of this Notice**

This notice and the practices identified herein apply to our handling of Personal Information involving insurance or financial services primarily for personal, family, or household purposes or to the extent required by law; they do not apply to insurance transactions which are primarily for business or commercial purposes except to the extent required by law.

**We thank you for choosing Southern Mutual Insurance Company to provide your insurance needs. We value you as a customer and appreciate the opportunity to serve you.**