

Application for License, Permit and Miscellaneous Bonds Bond Sumber:

| Α | | | BON | ID IN | FORMAT | ION | | | | |
|---|---|-----------------------|-----------------|----------------|----------------------|-----------|--|---|-----------|--|
| TYPE OF BOND | | | | | | | BOND AMO | UNT | RE | QUESTED EFFECTIVE DATE |
| | | | | | | | | | | |
| BOND TO BE FILED WITH (OE | BLIGEE) | | | ADD | RESS OF C | BLIGEE | | | | |
| Does the Applicant have an | | | | | | No | lf vou answ | ered YES to any of th | e auestio | ons above, please attach a |
| Has another Surety Compa Have you ever had a bond | | | bond? | |]Yes [] Yes [] | | detailed exp | | e queene | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| В | | | BUSIN | | INFORM | | | | | |
| COMPANY NAME (MUST BE E | EXACTLY AS IT IS T | O APPEAR ON BOND) | | | | | | | BUSINE | ESS PHONE |
| ADDRESS | | | | | | | | | BUSINE | ESS FAX |
| CITY/ STATE/ ZIP | | | | | | | | | COMPA | NY TAX ID NUMBER |
| PRIOR BOND OR CURRENT E | BOND WITH | HOW LONG | BOND NUMBER | 2 | REASO | N FOR CH | IANGE | | | |
| | | | | | | | | | | |
| Individual Corporation Partnership LLC/LLP | | RATION, DATE RATED | / / | | PARTN | ERS OR S | TOCKHOLDE | RATION, NUMBER C RS holders with over 109 | | <i>t</i>) |
| DESCRIBE TYPE OF BUSINES | SS | | LICENSE NUME | BER (if | applicable) | NUME | ER OF YEAR | S EXPERIENCE | HOW LO | ONG UNDER CURRENT |
| BUSINESS ACCOUNT BANK N | NAME | BANK ADDRESS | | | | | | | BANK P | PHONE NUMBER |
| | | | | | | | | | | |
| BUSINESS CHECKING ACCO | UNT NUMBER | ACCOUNT BALANCE | | B | SUSINESS S | AVINGS | ACCOUNT NL | IMBER | ACCOU | INT BALANCE |
| CREDIT REFERENCES WITH | WHOM YOU DO BU | | | | | | | | BUONE | |
| NAME | | ADDRESS | | | | | | | PHONE | NUMBER |
| NAME | | ADDRESS | | | | | | | PHONE | NUMBER |
| Have you been involved in Have you been subject to a | | | ien was filed? | |] Yes []] Yes [] | | ^f you answered xplanation. | d YES to any of the q | uestions | above, please attach a detailed |
| C | | | PERSONAL IN | | | | | | | |
| INDIVIDUAL'S FIRST NAME/ N | MIDDLE NAME/ LAST | | | | | | SE NUMBER | DATE OF BIRTH | S | SOCIAL SECURITY NUMBER |
| | | | | | | | | | | |
| Own House | HOW LONG? | MONTH | LY PAYMENT(S) | | | EMA | IL ADDRESS | | | |
| Rent Apartment HOME ADDRESS/CITY/ STAT | | | | | | | | | | MOBILE PHONE |
| HOME ADDRESS/CITT/ STAT | | | | | | | | | HOIVIE/ | |
| EMPLOYER NAME | | | | | | WOF | RK PHONE | | LENGT | H OF EMPLOYMENT |
| EMPLOYER ADDRESS | | | | | | EMP | LOYER CITY/ | STATE/ ZIP | | |
| | | NAME/ MIDDLE NAME/ L/ | | | | | SE NUMBER | DATE OF BIRTH | <u> </u> | |
| Married Divorced Single Separated | SFUUSE FIRST | NAME/ MIDDLE NAME/ L | NAIVIE | | DRIVER | 3 LICEN | | DATE OF DIKTH | | SOCIAL SECURITY NUMBER |
| SPOUSE EMPLOYER NAME | 1 | | | | | WOF | RK PHONE | · | LENGT | H OF EMPLOYMENT |
| SPOUSE EMPLOYER ADDRES | SS | | | | | SPO | USE EMPLOY | /ER CITY/ STATE/ Z | IP | |
| | | | | | | | | | | |
| DATE HOME PURCHASED | PURCHASE PRIC | CE CURREI | NT MARKET VALUE | F | PRESENT L | OAN BAL/ | ANCE(S) | LOAN NUMBER | | MONTHLY PAYMENT(S) |
| | | BANK ADDRESS | | <u> </u> | | | · | | BANK P | HONE NUMBER |
| PERSONAL CHECKING ACCC | OUNT NUMBER | ACCOUNT BALANCE | | | PERSO | NAL SAVI | NGS ACCOUN | NT NUMBER | ACCOU | INT BALANCE |
| NEAREST RELATIVE NAME | | RELATIONSHIP | ADDRESS | | 1 | | | | | PHONE NUMBER |
| Have you, your spouse, or | company ever : | | | | ٨٣٥ | | arantar for a | third party liability | 0 | ☐ Yes ☐ No |
| failed in any business | | | ☐ Yes ☐ Yes | | NO Hav | e you ev | er been con | third party liability victed of a felony? | | 🗌 Yes 🗌 No |
| declared bankruptcy? been a principal or inde | emnitor on a bond | which a claim was bro | = | s 🗌 I s 🗌 I | AIC | any of yo | our assets in ed YES to any | Trust(s)? of the questions abo | ve, pleas | e attach a |
| | subject to a federal or state tax lien? | | | | | | | | | |

In consideration of American Contractors Indemnity Company, Texas Bonding Company, U. S. Specialty Insurance Company and/or United States Surety Company referred to hereafter as "Surety," issuing the bond applied for, or any bond(s) in substitution for or in succession of the said bond(s), or any increase or extension of time of the said bond(s), or any new bond or any modifications, renewal or continuation of any of the foregoing, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

- 1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
- 2. To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
- 3. The Surety or its representatives shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond. The undersigned hereby grants the Obligee the authority to release to the Surety and its authorized representatives, any and all relevant information necessary for the underwriting of this bond.
- 4. The undersigned agree to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
- 5. The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
- 6. ASSIGNMENT As security for the performance of all the provisions of this agreement, effective as of the date of this agreement, the undersigned hereby assign, transfer, pledge and convey to Surety all of their right, title, interest and estate in and to all real and personal property which the undersigned now own or hereinafter acquire, including all income and receipts therefrom and increases and appreciation thereon, said assignment to include but not be limited to:
 - a. Any and all sums due or which may hereafter become due under any contract and all other sums due or to become due on all other contracts, in which any of the undersigned have an interest.
 - b. All rights arising out of notes, accounts receivable, and any claims of any kind and court actions.
 - c. Any and all undisbursed loan funds, deposit accounts or interest reserve accounts to which the undersigned may be entitled, and any and all collateral for the undertakings given by the undersigned in connection with any contract.
- 7. The Surety may, at its option, file or record this agreement or any other document executed by any or all the undersigned, individually or jointly, in connection with the application, issuance or execution of any bond or bonds, or renewal thereof, coming within the scope of this instrument as: a security agreement or as part of a financing statement or, as notice of its prior interest and assignment under the provisions of the Uniform Commercial Code or any other statute, ordinance or regulation of any jurisdiction or agency. The filing or recording of such document shall be solely at the option of the Surety. The failure to so file shall not release or discharge any of the obligations of the undersigned under this agreement. A copy or other reproduction of this agreement or of any other documents filed or recorded by the Surety, is sufficient as a financing statement, security agreement or notice of prior interest under this agreement.
- Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California, and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
 The obligations of the undersigned are in addition to and cumulative of all other liabilities and obligations under the laws of the State of California.
- The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
- 10. Unless specified by law or stated in the bond that the bond cannot be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U.S. mail to the Obligee and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.
- 11. The undersigned unconditionally acknowledge and agree that: (1) they are solely responsible to procure and maintain any required license or permit and to renew, continue and/or replace any Bond; and (2) Surety, its agents, subagents, and/or brokers owe no duty with respect to the renewal, continuation or replacement of any Bond. The Undersigned release Surety, its agents, subagents and/or brokers from and against any and all liability, including, but not limited to, consequential damages resulting directly or indirectly from any license or permit lapse, suspension or termination resulting from any cause and/or failure to renew, continue or replace any Bond.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

IMPORTANT SIGNATURE INSTRUCTIONS

If sole owner, applicant and applicant spouse must sign as an authorized representative and individually. *If a partnership,* an authorized partner must sign as the authorized representative and individually. All authorized partners and spouses must sign. *If a limited liability company*, the managing member must sign as authorized representative and individually. All members and spouses must sign. *If a corporation,* the president must sign as authorized representative and individually. All stockholders of 10% or more and spouses must sign.

Each Signature Must Be Notarized

| | Signed, sworn to and d | ated this da | ay of, | |
|---|---|------------------------|--|------------|
| | ICIPAL (Company Name- tly as it appears on the bond) | | | |
| Х | | | Х | |
| | Authorized Representative and Individually | Print Name | Authorized Representative and Individually | Print Name |
| Х | | | Х | |
| | Authorized Representative and Individually | Print Name | Authorized Representative and Individually | Print Name |
| | bonds containing any false information, or | conceals for the purpo | ance company or other person files an application for use of misleading, information concerning any fact me urance act, which is a crime | |

NOTARY ACKNOWLEDGEMENT

| | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | nt to which |
|---|---|---|
| STATE OF | § | |
| COUNTY OF | § § | |
| On before me, | personally appeared | |
| his/her/their authorized capacity(ies), and that by acted, executed the instrument. | , who proved to me on the basis are subscribed to the within instrument and acknowledged to me that he/she/they execute his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which e laws of the State of that the foregoing paragraph is true and cor | d the same in the person(s) |
| WITNESS my hand and official seal. | | |
| Signature | (Seal) | |
| o.g | (000) | |
| A Notary Public or other officer completing | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | nt to which |
| A Notary Public or other officer completing | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | nt to which |
| A Notary Public or other officer completing this certificate is attached, and not the true | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | nt to which |
| A Notary Public or other officer completing this certificate is attached, and not the true STATE OF COUNTY OF | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | |
| A Notary Public or other officer completing this certificate is attached, and not the true STATE OF COUNTY OF before me, on before me, evidence to be the person(s) whose name(s) is/a | g this certificate verifies only the identity of the individual who signed the docume thfulness, accuracy, or validity of that document | of satisfactory d the same in |
| A Notary Public or other officer completing this certificate is attached, and not the true STATE OF | The personally appeared, who proved to me on the basis are subscribed to the within instrument and acknowledged to me that he/she/they executed | of satisfactory d the same in the person(s) |
| A Notary Public or other officer completing this certificate is attached, and not the true STATE OF | g this certificate verifies only the identity of the individual who signed the document | of satisfactory d the same in the person(s) |



Personal Financial Statement

Not to be used for Business Statements

| | me surety for the Undersigned, or to accept the dersigned submits the following Financial Statement |
|----------------------------------|---|
| Personal financial statement for | SSN |
| | Name |
| Street Add | dress, City, State, ZIP |
| Home Phone No. | Bus. Phone No |
| Name of Spouse | |
| As of | |
| Month | Day Year |
| CURRENT ASSETS | CURRENT LIABILITIES |
| Cash on hand (not in bank) | Notes payable to (names & addresses): |
| FIXED ASSETS | LONG TERM LIABILITIES |
| Real estate (Schedule 4): | |
| | TOTAL LONG TERM LIABILITIES |
| TOTAL FIXED ASSETS | NET WORTH |
| TOTAL ASSETS | TOTAL LIABILITIES AND NET WORTH |

Contingent Liabilities

For endorsements or guarantees <u>\$</u> For other purposes <u>\$</u>

Give details

1.STOCKS AND BONDS

| Name of Security | No. Shares | If any pledge, State to Whom and for What Purpose | Div. Paid Last 2 Yrs | Market Value | Book Value |
|------------------|------------|---|----------------------|--------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTALS | \$ | \$ |

2. ACCOUNTS RECEIVABLE

| Name and Address (street and city) From Whom Due | For What is it Due | When Sold | When Due | Amount |
|--|--------------------|-----------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$ |

3. NOTE RECEIVABLE

| For What Due | How Secured | Date | Maturity | Amount |
|--------------|--------------|--------------------------|----------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$ |
| | For What Due | For What Due How Secured | | For What Due How Secured Date Maturity |

4. REAL ESTATE

| Description of Property | Title in Name of | Market Value | Cost | Date Acquired | Amount Encumbrance | Monthly Payments | Monthly Income |
|-------------------------|------------------|--------------|------|------------------|-----------------------|---------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | TOTAL | | | | | |

5. LIFE INSURANCE - CASH VALUE

| Name of Company | Delley Niverhan | Name of Income | Deneficient | | Cook Value | Area curat Democrat |
|-----------------|-----------------|-----------------|-------------|------------|------------|---------------------|
| Name of Company | Policy Number | Name of Insured | Beneficiary | Face Value | Cash Value | Amount Borrowed |
| | | | | | | |
| | | | | | | |
| | | | | | | |

6. OTHER ASSETS AND LIABILITIES

| Other Current Assets (itemize) | Other Current Liabilities (itemize) | Amount |
|--------------------------------|-------------------------------------|--------|
| | | |
| | | |
| | | |

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____

Soc. Sec. No. ____ Date of Birth _____

Signature _____

Soc. Sec. No. _____ Date of Birth _____



Fraud Warnings and Privacy Notice

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



Fraud Warnings and Privacy Notice

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WHAT DOES TOKIO MARINE HCC DO WITH YOUR FACTS PERSONAL INFORMATION? Financial companies choose how they share your personal information. Federal law gives Why? 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. The types of personal information we collect and share depend on the product or service you What? have with us. This information may include: Account and transaction information; Contact and demographic information; Financial information: -Claims information: and Credit history. . All financial companies need to share customers' personal information to run their everyday How? business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether vou can limit this sharing. Reasons we can share your personal information **Does Tokio Marine HCC share?** For our everyday business purposessuch as to process your transactions, maintain your account(s), respond to court orders and Yes No legal investigations, or report to credit bureaus For our marketing purposes to offer our products and services to you Yes No For joint marketing with other financial Yes No companies For our affiliates' everyday business purposes-Yes No information about your transactions and experiences For our affiliates' everyday business purposesinformation about your creditworthiness Yes Yes For our affiliates to market to you Yes Yes For nonaffiliates to market to you No N/A Call (888) 688-0775 — our menu will prompt you through your choice(s). To limit н. Email us online: privacypolicy@tmhcc.com. our sharing **Please note:** When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

Questions? Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com.

| Who we are | |
|--|---|
| Who is providing this notice? | Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc. |
| What we do | |
| How does Tokio Marine HCC protect my personal information? | To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use. |
| How does Tokio Marine HCC collect my personal information? | We collect your personal information, for example, when you: Sign up for and use our services, including when you choose to provide us with your information online or offline; Interact with our website and mobile applications; Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepare your quote and/or your insurance policy; and/or Submit an insurance claim, so we can properly handle your claim. We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies. |
| Why can't I limit all sharing? | Federal law gives you the right to limit only: sharing for affiliates' everyday business purposes—information about your creditworthiness; 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. |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. |
| Definitions | |
| Affiliates | Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include our family of companies, available at <u>https://www.tokiomarinehd.com/en/company/about/group.html</u>. |
| Nonaffiliates | Companies not related by common ownership or control. They can be financial and nonfinancial companies. |
| Joint marketing | A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include categories of companies such as insurance companies. |
| Other important information | |
| For more information, please review our priva | acy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy. |