

ACORD 38 CO (2019/07) - COLORADO MODEL PRIVACY FORM WITH OPT-OUT

This form was designed to be consistent with 3 CCR 702-6:6-4-1 Appendix B, which permits the use of the Federal Model Privacy Form, if the Form is accurate for each institution that uses the Form.

The Form consists of two (2) pages, which may be printed on both sides of a single sheet of paper or may appear on two (2) separate pages.

As per 702-66-4-1, Appendix B, where a licensee provides a long list of licensees or financial institutions at the end of the Model Form in accordance with Instruction Section B.3.a.i., or provides additional information in accordance with Instruction Section B.3.c. and such list or additional information exceeds the space available on page two of the Model Form, such list or additional information may extend to a third page.

In addition, as per 702-66-4-1, Appendix B, the section "Definitions" on page 2, must be customized as indicated in this FIG and the definitions must be italicized.

Note that disclosure of certain information, such as assets, income and information from a consumer reporting agency, may give rise to obligations under the federal Fair Credit Reporting Act, such as a requirement to permit a consumer to opt of disclosures to affiliates or designation as a consumer reporting agency if disclosures are made to nonaffiliated third parties.

This version allows the applicant/customer to opt out.

Use ACORD 39 CO for the Model Privacy Form with No-Opt Out.

Form Page 1

Section Name	Field Name	Description
Facts	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
What	Personal Information	Enter text: A licensee must use five (5) of the following terms, to complete the bulleted list in this section: income; account balances; payment history; transaction history; transaction or loss history; credit history; credit scores; assets; investment experience; credit-based insurance scores; insurance claim history; medical information; overdraft history; purchase history; account transactions; risk tolerance; medical-related debts; credit card or other debt; mortgage rates and payments; retirement assets; checking account information; employment information; wire transfer instructions.

What	Personal Information	Enter text: A licensee must use five (5) of the following terms, to complete the bulleted list in this section: income; account balances; payment history; transaction history; transaction or loss history; credit history; credit scores; assets; investment experience; credit-based insurance scores; insurance claim history; medical information; overdraft history; purchase history; account transactions; risk tolerance; medical-related debts; credit card or other debt; mortgage rates and payments; retirement assets; checking account information; employment information; wire transfer instructions.
What	Personal Information	Enter text: A licensee must use five (5) of the following terms, to complete the bulleted list in this section: income; account balances; payment history; transaction history; transaction or loss history; credit history; credit scores; assets; investment experience; credit-based insurance scores; insurance claim history; medical information; overdraft history; purchase history; account transactions; risk tolerance; medical-related debts; credit card or other debt; mortgage rates and payments; retirement assets; checking account information; employment information; wire transfer instructions.
What	Personal Information	Enter text: A licensee must use five (5) of the following terms, to complete the bulleted list in this section: income; account balances; payment history; transaction history; transaction or loss history; credit history; credit scores; assets; investment experience; credit-based insurance scores; insurance claim history; medical information; overdraft history; purchase history; account transactions; risk tolerance; medical-related debts; credit card or other debt; mortgage rates and payments; retirement assets; checking account information; employment information; wire transfer instructions.
What	Personal Information	Enter text: A licensee must use five (5) of the following terms, to complete the bulleted list in this section: income; account balances; payment history; transaction history; transaction or loss history; credit history; credit scores; assets; investment experience; credit-based insurance scores; insurance claim history; medical information; overdraft history; purchase history; account transactions; risk tolerance; medical-related debts; credit card or other debt; mortgage rates and payments; retirement assets; checking account information; employment information; wire transfer instructions.
How	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
Reasons We Share Personal Information	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
Reasons We Share Personal Information	Privacy Business Purpose	Enter Y for a "Yes" response. Input N for "No" response. Indicate Yes or No if information is shared for everyday business purposes such as to process transactions, maintain account(s), respond to court orders and legal investigations, or report to credit bureaus.
Reasons We Share Personal Information	Limit Privacy Business Purpose	Enter text: Indicate Yes or No if the insured can limit the information shared for everyday business purposes. Insurer should indicate "We don't share," if it answers "No" in the middle column.

Reasons We Share Personal Information	Privacy Marketing Purpose	Enter Y for a “Yes” response. Input N for “No” response. Indicate Yes or No if the Producer/Carrier shares personal information for marketing purposes.
Reasons We Share Personal Information	Limit Privacy Marketing Purpose	Enter text: Indicate Yes or No if you can limit the sharing of personal information for marketing purposes. Insurer should indicate "We don't share," if it answers "No" in the middle column.
Reasons We Share Personal Information	Privacy Joint Marketing	Enter Y for a “Yes” response. Input N for “No” response. Indicate Yes or No if the Producer/Carrier shares personal information with other financial companies.
Reasons We Share Personal Information	Limit Privacy Joint Marketing	Enter text: Indicate Yes or No if you can limit sharing of personal information with other financial companies. Insurer should indicate "We don't share," if it answers "No" in the middle column.
Reasons We Share Personal Information	Privacy Affiliates Business Purpose	Enter Y for a “Yes” response. Input N for “No” response. Indicate Yes or No if the Producer/Carrier shares personal information for their affiliates’ everyday business purposes
Reasons We Share Personal Information	Limit Privacy Affiliates Business Purpose	Enter text: Indicate Yes or No if the insured can limit the sharing to affiliates’ personal information for everyday business purposes. Insurer should indicate "We don't share," if it answers "No" in the middle column.
Reasons We Share Personal Information	Privacy Affiliates Creditworthiness	Enter Y for a “Yes” response. Input N for “No” response. Indicate Yes or No if the Producer/Carrier shares personal information for their affiliates’ everyday business purposes
Reasons We Share Personal Information	Limit Privacy Affiliates Creditworthiness	Enter text: Indicate Yes or No if the insured can limit the sharing of personal information for the affiliates’ everyday business purposes. Note: a licensee that shares information for this reason must provide an opt out.
Reasons We Share Personal Information	Privacy Nonaffiliates Market	Enter Y for a “Yes” response. Input N for “No” response. Indicate Yes or No if the Producer/Carrier shares personal information for nonaffiliates to market to the insured.
Reasons We Share Personal Information	Limit Privacy Nonaffiliates Market	Enter text: Indicate Yes or No if you can limit the sharing of personal information for the insurer's nonaffiliates to market to the insured. Note: an insurer that shares personal information for this reason must provide an opt out.
Limit Sharing	Insurer Phone Number	Enter number: The primary phone number of the insurer.
Limit Sharing	Insurer Website	Enter text: The website address for the insurer.
Limit Sharing	Time Period	Enter text: Licensees may insert a number that is 30 days or greater.
Questions	Insurer Phone Number	Enter number: The primary phone number of the insurer.
Questions	Insurer Web Site	Enter text: The website address for the insurer.
Mail In Form	Privacy Joint Policy	Check the box (if applicable): Indicate if the choices apply to you only, applicable if you have a joint account.
Mail In Form	Share Information Credit Worthiness	Check the box (if applicable): Indicate if you do not want to share information about your creditworthiness with affiliates for their business purposes.

Mail In Form	Share Information Market	Check the box (if applicable): Indicate if you do not allow affiliates to use your personal information to market to you.
Mail In Form	Share Information Nonaffiliates	Check the box (if applicable): Indicate if you do not want to share personal information with nonaffiliates to market their products and services to you.
Mail In Form	Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
Mail In Form	Named Insured Mailing Address	Enter text: The named insured's mailing address line one.
Mail In Form	Named Insured Mailing Address Line 2	Enter text: The named insured's mailing address line two.
Mail In Form	Named Insured City Name	Enter text: The named insured's mailing address city name.
Mail In Form	Named Insured State	Enter code: The named insured's mailing address state or province code.
Mail In Form	Named Insured Postal Code	Enter code: The named insured's mailing address postal code.
Mail In Form	Policy Account Identifier	Enter identifier: The account number to be used for billing purposes. This is the billing number assigned by the billing entity. If agency bill, the agency assigns; if direct bill, the insurer assigns. If the account already exists, the agent should provide the previously assigned number.
Mail In Form	Producer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
Mail In Form	Producer Address	Enter text: The named insured's mailing address line two.
Mail In Form	Producer Address Line 2	Enter text: The named insured's mailing address line two.
Mail In Form	Producer City Name	Enter text: The named insured's mailing address city name.
Mail In Form	Producer State or Province Code	Enter code: The named insured's mailing address state or province code.
Mail In Form	Producer Postal Code	Enter code: The named insured's mailing address postal code.

Form Page 2

Section Name	Field Name	Description
Who is providing notice	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
How does Insurer Protect	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

How does Insurer Protect	Measures to Protect	Enter text: Provide additional information which may include information about the licensee's use of cookies or other measures it uses to safeguard personal information. Licensees are limited to a maximum of thirty (30) additional words.
Collect Personal Information	Insurer Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
Collect Personal Information	Collect Information 1	Enter text: Licensees must use five (5) of the following terms to complete the bulleted list for this question: open an account; deposit money; pay your bills; apply for a loan; use your credit or debit card; seek financial or tax advice; apply for insurance; pay insurance premiums; file an insurance claim; seek advice about your investments; buy securities from us; sell securities to us; direct us to buy securities; direct us to sell your securities; make deposits or withdrawals from your account; enter into an investment advisory contract; give us your income information; provide employment information; give us your employment history; tell us about your investment or retirement portfolio; tell us about your investment or retirement earnings; apply for financing; apply for a lease; provide account information; give us your contact information; pay us by check; give us your wage statements; provide your mortgage information; make a wire transfer; tell us who receives the money; tell us where to send the money; show your government-issued ID; show your driver's license; order a commodity futures or option trade.
Collect Personal Information	Collect Information 2	Enter text: Licensees must use five (5) of the following terms to complete the bulleted list for this question: open an account; deposit money; pay your bills; apply for a loan; use your credit or debit card; seek financial or tax advice; apply for insurance; pay insurance premiums; file an insurance claim; seek advice about your investments; buy securities from us; sell securities to us; direct us to buy securities; direct us to sell your securities; make deposits or withdrawals from your account; enter into an investment advisory contract; give us your income information; provide employment information; give us your employment history; tell us about your investment or retirement portfolio; tell us about your investment or retirement earnings; apply for financing; apply for a lease; provide account information; give us your contact information; pay us by check; give us your wage statements; provide your mortgage information; make a wire transfer; tell us who receives the money; tell us where to send the money; show your government-issued ID; show your driver's license; order a commodity futures or option trade.
Collect Personal Information	Collect Information 3	Enter text: Licensees must use five (5) of the following terms to complete the bulleted list for this question: open an account; deposit money; pay your bills; apply for a loan; use your credit or debit card; seek financial or tax advice; apply for insurance; pay insurance premiums; file an insurance claim; seek advice about your investments; buy securities from us; sell securities to us; direct us to buy securities; direct us to sell your securities; make deposits or withdrawals from your account; enter into an investment advisory contract; give us your income information; provide employment information; give us your employment history; tell us about your investment or retirement portfolio; tell us about your investment or retirement earnings; apply for financing; apply for a lease; provide account information; give us your contact information; pay us by check; give us your wage statements; provide your mortgage information; make a wire transfer; tell us who receives the money; tell us where to send the money; show your government-issued ID; show your driver's license; order a commodity futures or option trade.

Collect Personal Information	Collect Information 4	Enter text: Licensees must use five (5) of the following terms to complete the bulleted list for this question: open an account; deposit money; pay your bills; apply for a loan; use your credit or debit card; seek financial or tax advice; apply for insurance; pay insurance premiums; file an insurance claim; seek advice about your investments; buy securities from us; sell securities to us; direct us to buy securities; direct us to sell your securities; make deposits or withdrawals from your account; enter into an investment advisory contract; give us your income information; provide employment information; give us your employment history; tell us about your investment or retirement portfolio; tell us about your investment or retirement earnings; apply for financing; apply for a lease; provide account information; give us your contact information; pay us by check; give us your wage statements; provide your mortgage information; make a wire transfer; tell us who receives the money; tell us where to send the money; show your government-issued ID; show your driver's license; order a commodity futures or option trade.
Collect Personal Information	Collect Information 5	Enter text: Licensees must use five (5) of the following terms to complete the bulleted list for this question: open an account; deposit money; pay your bills; apply for a loan; use your credit or debit card; seek financial or tax advice; apply for insurance; pay insurance premiums; file an insurance claim; seek advice about your investments; buy securities from us; sell securities to us; direct us to buy securities; direct us to sell your securities; make deposits or withdrawals from your account; enter into an investment advisory contract; give us your income information; provide employment information; give us your employment history; tell us about your investment or retirement portfolio; tell us about your investment or retirement earnings; apply for financing; apply for a lease; provide account information; give us your contact information; pay us by check; give us your wage statements; provide your mortgage information; make a wire transfer; tell us who receives the money; tell us where to send the money; show your government-issued ID; show your driver's license; order a commodity futures or option trade.
Collect Personal Information	Collect Information from Other Companies	Check the box (if applicable): Licensees that do not collect personal information from their affiliates or credit bureaus but do collect information from other companies.
Collect Personal Information	Collect Personal Information	Check the box (if applicable): Indicate here if Licensees collect personal information from affiliates and/or credit bureaus.
Definitions	Affiliates	Enter text: Indicate if the insurer: (a) If it has no affiliates, state: "[name of licensee] has no affiliates"; (b) If it has affiliates but does not share personal information with them, state: "[name of licensee] does not share with our affiliates"; or (c) If it shares with its affiliates, state, as applicable: "Our affiliates include companies with a [common corporate identity of licensee] name; financial companies such as [insert illustrative list of companies]; nonfinancial companies, such as [insert illustrative list of companies]; and others, such as [insert illustrative list]."
Definitions	Nonaffiliates	Enter text: Indicates if the insurer either: a) does not share with nonaffiliated third parties, state: "[name of licensee] does not share with nonaffiliates so they can market to you"; or (b) if shares with nonaffiliated third parties, state, as applicable: "Nonaffiliates we share with can include [list categories of companies such as mortgage companies, insurance companies, direct marketing companies, and nonprofit organizations]."

Definitions	Joint Marketing	Enter text: Indicate if insurer does not engage in joint marketing, state: “[name of licensee] doesn’t jointly market”; or (b) If it shares personal information for joint marketing, state, as applicable: “Our joint marketing partners include [list categories of companies such as credit card companies].
Other Important Information		Enter text: General instructions for the “Other important information” box. This box is optional. The space provided for information in this box is not limited, and an additional page may be used if necessary. Only the following types of information can appear in this box: (i) State and/or international privacy law information; and/or (ii) A form by which the consumer may acknowledge receipt of the notice.