

## SENATE INSURANCE OPT-OUT FORM

If you choose to exercise your right to opt-out, you must mail this completed form to:

Senate Insurance Agency, Inc.  
352 Main St  
Laurel, MD 20707

Your completed opt-out form will be valid from the first business day after its receipt until the date that Senate Insurance receives your rescission in writing.

If you elect to opt-out, you can do so by checking either or both of the statements below:

\_\_\_\_\_ Please do not disclose any of my Nonpublic Personal Information to other insurance entities (whether affiliated or unaffiliated). I understand that this may prevent Senate Insurance from quoting my insurance for from obtaining for me the most competitive insurance quote.

\_\_\_\_\_ Please do not disclose any of my Nonpublic Personal Information to any affiliated non-insurance third party financial service company.

\_\_\_\_\_  
Signature

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

### PLEASE PRINT:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_