FARMERS 9797 SPRINGBORO PIKE, SUITE 300, DAYTON OH 45448-0002

YOUR BILL IS ENCLOSED

JAMES DUNN 1212 MANGO ISLE FORT LAUDERDALE FL 33315

Thank you for renewing your policy with us.

What's inside your policy . . .

It's not just what's inside this policy package that matters (although it's very important). It's what's behind your policy that counts, too.

And that's outstanding people and service. Our goal is to completely satisfy you, our customer, with knowledgeable, caring associates and all day, every day claim service.

In this package, you'll find the following:

- Important telephone numbers and addresses for your agent and our Customer Service and Claim offices (located on the reverse side of this page).
- Your Declarations Page*

A listing of the coverages and limits you requested and the premium amount for each. Please contact us if this information is different from what you asked for or currently need.

(*For Massachusetts auto, called Coverage Selections Page.)

Endorsements

Forms that modify your original contract or coverages you personally selected.

- Important Notices that explain your coverages and any changes.
- Billing Information

Your bill or notice of your ExpressIT(SM) automatic checking deduction amount.

Now you can view your Farmers billing information at www.farmers.com/css/login.



Florida Boatowner Insurance Renewal

Farmers

Outstanding People and Service - the Farmers Advantage

Your Policy Number: 9954524802

As a Farmers customer, you have a staff of insurance specialists to serve you.

How To Reach Us CUSTOMER SERVICE AND CLAIM DIRECTORY

(Se dispone de representantes de lenguaje en español. Other language translation also available.)

YOU CHOOSE	ONLINE	TELEPHONE	FAX	MAIL
CUSTOMER SERVICE	www.farmers.com/css/login - pay your bill - replace your automobile insurance ID card - view your policy or claim information	(800) 422-4272 8:00 am - 11:00 pm, ET Monday - Friday 9:00 am - 5:00 pm, ET Saturday	(866) 743-4890 (include your policy number)	Attention: Services Farmers P.O. Box 6060 Scranton, PA 18505-6060 (to mail payments, see address below)
CLAIM SERVICE	www.farmers.com/css/login check your claim information	(800) 854-6011 anytime, day or night, to report a claim		
PAYMENT OPTIONS	www.farmers.com/css/login to make a payment online or print an application for our ExpressIT® automatic, monthly payment plan	(800) 422-4272 to make a payment		Farmers P.O. Box 41753 Philadelphia, PA 19101-1753
EMAIL	policyupdate@farmersinsurance .com Please include your name and policy number.			

Please report claims promptly. If you suspect someone has intentionally filed a false claim, call our fraud hotline at 800-922-FRAUD (800-922-3728). If you think your identity has been stolen or compromised, please call 866-305-7216 or visit https://cyberscout-idtheft.com/.

If your auto is damaged in an accident and is still safe to drive, visit one of our drive-in claim centers. Call us at 800-854-6011 for an appointment.

Tired of writing checks? To pay your bill directly from your checking account, go to www.farmers.com/css/login for an ExpressIT application.



Go Green and Simplify Your Life with FarmersOnline

Save time and the environment

Take full advantage of being a valued customer of Farmers by registering for **FarmersOnline** and **eDelivery**.

Enrolling and going green not only means you'd have more convenient access to your insurance information and easier bill payments, but you'd also help to save the environment.

Going green means doing your part to cut down on pollution and saving more trees. Did you know, approximately 68 million trees are cut down every year in the U.S. to make paper and paper products?



Sign up for ease and convenience with FarmersOnline and eDelivery



View policies



Pay Bills



Print auto ID cards



Access policy documents



Change delivery preferences



Receive electronic notifications

It's easy to sign up:

- 1. Visit www.farmers.com/css/policy-lookup
- 2. Enter your policy number and click continue
- 3. Select "Create Account"
- Follow the steps to create your profile, select delivery and contact preferences

Farmers

Billing Statement

Farmers Property and Casualty Insurance Company

Customer: JAMES DUNN

1212 MANGO ISLE

FORT LAUDERDALE FL 33315

Reason for Bill: POLICY RENEWAL Policy Type:

FL BOATOWNERS 9954524802

Policy Number: Policy Term:

09/21/2024 - 09/21/2025

Statement Date: 08/02/2024

CARDI, CHRISTINE

WARWICK

RΙ

Policy	Last	Payments	Proc.	Changes	Current	Amount	Due
Premium	Bill	Received	Fees Pd.		Balance	Due*	Date
\$510.00		\$0.00	\$0.00	\$0.00	\$510.00	\$128.50	09/21/2024

^{*}Includes \$1.00 Processing Fee.

PAYMENTS OR CHANGES PROCESSED AFTER 08/02/2024 WILL APPEAR ON YOUR NEXT STATEMENT

08/02/2024 Renewal Premium \$510.00

FUTURE BILLS - 9 PAY PLAN -- These amounts do not include fees. Amount **Amount** Due Date Due Date **Due Date Amount** 11/21/2024 05/21/2025 \$47.81 02/21/2025 \$47.81 \$47.81 12/21/2024 \$47.81 03/21/2025 \$47.81 06/21/2025 \$47.83 04/21/2025 01/21/2025 \$47.81 \$47.81

> PLEASE READ IMPORTANT BILLING INFORMATION ON REVERSE SIDE. QUESTIONS: CALL 1-800-422-4272. TO PAY ONLINE: VISIT www.farmers.com/css/login.

Farmers

DETACH AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAILING.

DRMVA1K

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ST POLICY TYPE CO ACCOUNT NUMBER POLICY EFFECTIVE 9954524802 **Policy Number:** FL 00 **BOATOWNERS**

09-08-9954524802-1 09/21/2024 **PAYMENT OPTIONS**

> **Minimum Payment:** \$128.50* Payment In Full: \$510.00

FARMERS JAMES DUNN **Amount Paid:** 1212 MANGO ISLE PO BOX 41753 FORT LAUDERDALE FL 33315 PHILADELPHIA PA 19101-1753

> **Due Date:** 09/21/2024

☐ CHECK BOX FOR ADDRESS CHANGE (SEE REVERSE SIDE)

*Includes fees.

	PAYMENT OPTIONS			
Pay by Phone	Call 1-800-422-4272 For your convenience, we accept Visa, Mastercard, Discover and American Express and most debit cards.			
Online	www.farmers.com/css/login For your convenience, we accept Visa, Mastercard, Discover and American Express and most debit cards.			
Mail	Farmers, P.O. Box 41753, Philadelphia, Pennsylvania 19101-1753 Please mail your payment at least 10 days before the due date in the envelope provided and include your policy number on your check.			
Overnight Mail	Farmers 41753, 400 White Clay Center Drive, Newark, DE 19711			
ExpressIT®	Automatic Monthly Payment Plan - Pay your bill directly from your checking account each month. To print an application, visit www.farmers.com/css/login.			
	PAYMENTS AND REFUNDS			
Amount Due	The amount we must receive to keep your policy's billing status current. If the amount due is not received by the date shown on this statement, your policy will be subject to cancellation			
Current Balance	The policy's current balance, plus any fees due. Return this amount to pay your policy premium in full.			
Paying More Than The Minimum	If you pay more than the Amount Due, we will apply the additional funds to your next installment payment.			
Processing Your Payment	When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.			
Installment Plan Payments	Upcoming installment payments appear on the front of this bill. Billing Statements are mailed approximately 20 days before the payment due date. A policy change or a payment plan change during this billing period may affect your payment schedule.			
Refunds	If a policy change or activity results in a refund due you, we may wait a minimum of 10 business days for your check to clear before issuing your refund.			
FEES				
	ypes and amounts vary, based on individual state requirements, payment plan, and writing company. Refer to g Statement for any fees applicable to your policy.			
Processing Fee	Up to \$9.00 for each installment bill on a Direct Bill payment plan.			
Late Fee	Up to \$25.00 if we do not receive a payment by the installment due date and a cancellation notice is issued.			
Non-Sufficient Funds Fee	Up to \$25.00 for every check returned to us for non-sufficient funds.			

Please use the envelope provided when making a payment. Include your Policy Number on your check. Payments must be mailed to: FARMERS, PO BOX 41753, PHILADELPHIA, PA 19101-1753

Please do not mail other forms or documents with your payment and payment stub.

Mail other correspondence to: ATTENTION: SERVICES, FARMERS, PO BOX 6060, SCRANTON, PA, 18505-6060

To change your name and / or address:

- Please check the box on the reverse side and complete the information below; or
- Contact your agent or call us at the number listed on the "How To Reach Us" section of your policy package.

now to Reaci	n os section of you	п ропсу раскаде.	
Name		Account Number:	
NEW ADDRESS	;		
Street		_	
City			
State	Zip Code	Telephone Number	

JAMES DUNN 1212 MANGO ISLE FORT LAUDERDALE FL 33315

Printed in U.S.A. 0617

MPL 9954-000

FARMERS PROPERTY AND CASUALTY INSURANCE COMPANY BOATOWNERS INSURANCE DECLARATIONS

08/02/2024 ST 09

Farmers

POLICY NUMBER: 995-45-2480-2 POLICY TERM: FROM 09/21/2024 TO 09/21/2025, 12:01 A.M. STANDARD TIME AT THE LOCATION OF THE PROPERTY INSURED AS STATED IN THE POLICY.			TRA	_	ACTION TYPE EFFECTIVE:				
NAMED INSUR JAMES DU 1212 MANO FORT LAUI	NN	33315							
	YEAR	MANUFACTURER	MC	DEL		HP	IDENTIFICATI	ION #	ŧ
BOAT 1	2000	MAINSHIP	PIL	OT 30			MPTCE239K9	00	
MOTOR 1	2000	CUMMINS	4L	HA		220	4LHA		
BOA MO	TO INSURED AT 1 TOR 1	PROPERTY				LIMITS: 45,000 NCLUDED		Р	REMIUMS:
_	AT EQUIPMEN				\$	10,000			
A - TOTAL LI B - BOAT LIA	MIT AND PRE	IMIUM:			\$	55,000		\$	405
BODILY	INJURY EAC				\$ \$	100,000		\$	71
		H OCCURRENCE	_		\$	300,000		\$	20
C - MEDICAL		EACH OCCURRENCE	=		\$	100,000		Ψ	20
	NSURED				\$	1,000		\$	4
OPTIONAL CO									
	NCY SERVICI CCURRENCE				\$	500		\$	10
EACH C	CCORRENCE	_			•			Ċ	-
						_	MIUM BOAT 1: JAL PREMIUM:	\$ \$	510 510
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DISCOUNTS FOR THE FOLLOWING HAVE BEEN INCLUDED IN THE ANNUAL PREMIUM

PROT DEVICE, MULTI POLICY 5%

DEDUCTIBLE: \$1,000

TERRITORY: IN, LENGTH: 30', CLASS: 01, STATE RATED: FLORIDA

THIS POLICY IS HEREBY COUNTERSIGNED BY:

MIST

FORM AND ENDORSEMENTS: 7500-000 (0821)

B114B B140

FOR SERVICE, CALL 800-422-4272 OR WRITE TO: FARMERS AUTO & HOME

FOR CLAIMS, SEE CLAIM DIRECTORY PO BOX 6060

SCRANTON, PA 18505

DRM-VA1-K



Farmers Countrywide Compensation Disclosure Notice

Why we're contacting you

Consistent with industry practice, when you purchase a product from a carrier that is a part of the Farmers Insurance Group of Companies[®] - including Farmers[®], Foremost[®], or Bristol West[®] carriers - the applicable Farmers Insurance Group[®] entity may pay the insurance professional for their services to you.

What you need to know

The services provided to you may include gathering relevant information about your insurance needs; discussing the benefits; terms and conditions of insurance contracts; offering applicable insurance products; selling insurance; and obtaining insurance for consumers. Any transaction typically involves one or more of these activities.

If you purchase an applicable insurance product through an independent contractor agent, we may pay your agent a commission, as well as other forms of compensation for the sale and renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, some agents may be eligible for various forms of incentive compensation, including cash and non-cash awards (such as conferences and sales support services), based on a variety of factors. Those factors may include the agent's overall sales of applicable products, profitability, or other performance measures we may set in connection with the sale and renewal of our products. Your agent may also receive fees for servicing our products.

If you purchased an insurance product through our group or affinity insurance program, we may also pay an agent or broker representing the employer or organization participating in the program for the sale and renewal of applicable products. We may also pay your employer or association or a third party acting on their or our behalf for the administration and service they provide related to the program. Administration and services may include payroll administration.

If you purchased an insurance product from our call center, the call center representative is an employee, with hourly pay and benefits, of a Farmers Insurance Group entity. Call center representatives are authorized to offer and sell products to you that are issued by Farmers Insurance Exchange and/or its affiliated insurance companies. The call center representative is compensated for the sale of applicable products. This compensation includes commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of the call center representative's compensation may increase in part based upon the relative amount of Farmers Insurance Group or certain non-Farmers Insurance Group products the call center representative sells during a set period. The call center representative also is eligible for additional compensation, including non-cash compensation (such as conferences), based on sales of Farmers Insurance Group, certain non-Farmers Insurance Group products, and overall sales and productivity. In some instances, we may also pay for expenses incurred by call center representatives in connection with events for customers and prospects, training and education opportunities, and other miscellaneous expenses.

Agents and call center representatives may also receive compensation for the sale, renewal and/or servicing of authorized non-Farmers Insurance Group products directly from the issuing company. Non-Farmers Insurance Group products may be sold through Farmers General Insurance Agency, Inc. (FGIA) or Kraft Lake Insurance Agency, Inc. (KLIA).

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What you need to know - continued

There may be circumstances where an FGIA or KLIA sales agent is involved in the sale or renewal of a Farmers Insurance Group product. These sales agents will receive commission and may receive other forms of compensation for the sale and/or renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, the sales agent may receive additional incentive compensation based on a variety of factors. Those factors may include the overall sales of products sold through FGIA and/or KLIA, or other performance measures we may set.

Your agent acts on behalf of the applicable Farmers Insurance Group insurer in connection with the offer and sale of Farmers Insurance products. If your agent sells you a non-Farmers Insurance Group product, your agent acts on behalf of that other company in connection with the offer and sale of that non-Farmers Insurance Group product. Any compensation paid from that company to your agent may be different from that paid by Farmers Insurance.

We appreciate the importance of keeping our customers informed. This information is for your information only and does not require any action from you.

Again, thank you for your business. We look forward to offering you our broad array of products in the years to come.

For Arkansas or New York Customers: You may request additional information from your agent or call center representative about the compensation he or she expects to receive because of the sale of a Farmers Insurance Group or non-Farmers Insurance Group product. Farmers Insurance Group insurers and producers conducting business in New York or for New York consumers or risks are licensed to conduct business in New York.

Additional information

* For a list of all insurers in the Farmers Insurance Group of Companies[®], please refer to www.farmers.com. Not all insurers are authorized in all states. Not all products, coverages or discounts are available in every state and may vary by state. Restrictions, exclusions, limits and conditions apply.

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FLORIDA AMENDATORY ENDORSEMENT

A. Under **SECTION I - CONDITIONS**:

1. item 6. **PAYMENT OF LOSS** is deleted and replaced by:

6. PAYMENT OF LOSS

- 1. **We** will adjust all losses to **your** property with **you. We** will pay **you** and/or another payee if named in the policy.
- At our option, a covered loss to property of others may be adjusted and payment made as follows:
 - a. to you on behalf of the owner; or
 - b. to the owner. If payment is made to the owner, we do not have to pay you.
- 3. **We** will pay within 20 days after the amount is finally determined by an agreement between **you** and **us**, an appraisal award or entry of a final judgment. If **we** fail to pay within 20 days after the settlement is agreed upon, interest as permitted by law shall accrue.
- 2. item 10. LOSS PAYABLE CLAUSE, the last paragraph is deleted and replaced by:

The loss payee's interest may be terminated as permitted by the terms and conditions of the policy and the date of termination of the loss payee's interest will be at least 10 days after the date **we** mail the termination notice. However, if this policy is voided due to the failure of a financial institution to honor **your** check after its delivery to **us** or **our** agent for payment of premium, the loss payee's interest shall also be void as of the beginning of the policy term.

We will notify the loss payee if the policy is voided.

B. Under SECTION III - OPTIONAL COVERAGES, COVERAGE E - PERSONAL EFFECTS COVERAGE, the paragraph OTHER INSURANCE is deleted and replaced by:

OTHER INSURANCE

If other valid insurance covers the same loss, **we** will pay only **our** share of the loss. **Our** share is the portion that **our** limit of liability bears to the total of all applicable limits.

C. Under **GENERAL CONDITIONS - SECTIONS I, II AND III,** item 7. **TERMINATION** is deleted and replaced by:

7. TERMINATION

You may cancel this policy by telling us on what future date you wish to stop coverage.

We may terminate this policy by delivering to **you** or by mailing to **you**, at **your** last known address shown in **our** records, notice stating when such termination will be effective. The following will apply:

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- Nonpayment of premium includes the failure of a financial institution to honor your check after its delivery to us or our agent for payment of premium. If this is a new policy and a dishonored check represents the initial premium payment, this policy and all contractual obligations shall be void from the beginning of the policy term unless payment is received by the earlier of:
 - a. 5 days after actual notice by certified mail is received by you; or
 - b. 15 days after notice is sent to **you** by certified mail or registered mail.

If the policy is void, any premium received by **us** from a third party shall be refunded to that party in full.

- 2. Except as provided in paragraph 1. of this condition:
 - a. If this policy is cancelled by **us** during the first 90 days, **we** will provide at least 20 days notice except in cases of nonpayment of premium, whereupon **we** will provide 10 days notice.
 - b. If this policy has been in effect 90 days or more, we will provide at least 45 days advance written notice, if cancelled by us. If this policy cancels for nonpayment of premium, we will provide at least 10 days notice.
 - c. **We** will provide no fewer than 45 days notice prior to any renewal date for this policy if **we** nonrenew this policy for any reason other than nonpayment of premium.

In any case of termination of this policy by **us**, **our** mailing of notice to **your** last known address in **our** records will constitute proof of notice as of the date **we** mail it.

If **you** terminate **your** policy, the earned premium will be computed in accordance with **our** short rate method. If **we** cancel **your** policy, the earned premium will be computed pro-rata and returned premium shall be rounded to the nearest dollar. The refund will be made as soon as practicable after termination becomes effective, but payment or tender of unearned premium is not a condition of termination.

- D. Under GENERAL CONDITIONS SECTIONS I, II AND III, item 9. MISREPRESENTATION, CONCEALMENT OR FRAUD is deleted and replaced by:
 - 9. MISREPRESENTATION, CONCEALMENT OR FRAUD

We do not provide coverage for any **insured** who has:

- a. intentionally concealed or misrepresented any material fact or circumstance; or
- b. made any false statements or engaged in fraudulent conduct;

relating to this insurance.

All other provisions of the policy apply except as modified by this endorsement.

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U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS

Facts:	What Do We Do With Your Personal Information?
Why?	Financial companies choose how they share your personal information. The law gives consumers the right to limit some, but not all sharing. The 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.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • social security number and employment information • income and assets • credit information and other consumer report information • driving record • medical information and insurance history • information about any business you have with us, our affiliates, or other companies
How Do We Get Your Information?	We collect personal information from you, as well as from third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions, and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others, as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including: • reputation • work history • driving record • finances • hobbies and dangerous activities In some limited circumstances, we may ask an agency for an investigative report about you. The agency will ask others about you. We will ask them to contact you as well.
How Do We Use Your Information?	We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to: • administer your products and services • market new products to you • confirm or correct your information • process claims and other transactions • help us run our business • perform business research • comply with applicable laws
How Do We Protect Your Information?	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
Reasons We Share Your Information	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent, if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators, or with law enforcement. If you have our products because of your relationship with an employer, association, or other organization, we may share information with it and its agents, as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

Reasons We Can	Do we share?	Can you limit this sharing?			
transactions, learn i	business purposes - such as to process your f you qualify for coverage, maintain your account(s), ders and legal investigations, or report to credit bureaus	Yes	No		
For our marketing purposes - with service providers we use to offer our products and services to you			No		
For joint marketing	g with other financial companies	Yes	Yes		
For our affiliates' everyday business purposes - Information about your transactions and experiences			No		
For our affiliates' everyday business purposes - Information about your creditworthiness			Not Applicable		
For our affiliates to	o market to you	Yes	Yes		
For non-affiliates t	o market to you	No	Not Applicable		
How Can You Opt (Out of Certain Information Sharing?	-			
Affiliate Sharing/Joint Marketing Arrangements	You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of joint marketing arrangements. Even if you don't opt out, we will not share your information with unaffiliated companies for their own marketing purposes without joint marketing arrangements. We will give you an opt-out form when we first issue your policy. You can also opt out anytime by contacting us at the address below.				
What Happens When I Limit Sharing for an Account I Hold Jointly with Someone Else?	If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.				
Definitions:					
Affiliates	Affiliates Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers and an insurance agency. In the future, we may have affiliates in other businesses.				
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. We do not share personal information with non-affiliates for their marketing purposes.				
Joint Marketing Arrangements					

How Can I Access and Correct Information?

You may ask us for a copy of the personal information we have about you. Generally, we will provide it to you as long as it is reasonably locatable and retrievable. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside our company.

Who is Providing This Notice?	Farmers Property and Casualty Insurance Company; Farmers Casualty Insurance Company; Farmers Group Property and Casualty Insurance Company; Economy Fire & Casualty Company; Economy Preferred Insurance Company; Farmers Lloyds Insurance Company of Texas; Economy Premier Assurance Company; Farmers Direct Property and Casualty Insurance Company; Farmers General Insurance Agency, Inc.
How Will I Know if This Privacy Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.
Questions?	Send privacy questions to: The Privacy Office, P.O. Box 6060, Scranton, PA 18505-6060 or go to www.farmers.com/privacy-center.