AAA Insurance
underwritten by CSAA Fire & Casualty Insurance Company
PO Box 24511 Oakland, CA 94623-9865 888.222.0094

Policy Number: **Effective Date:**
Insured Name: **Policy Type:**

Consumer Information Notice

Thank you for allowing AAA to serve you. We look forward to providing you with the insurance coverage that best suits your needs.

Information we use to determine your coverage and premium: As required by law, we are letting you know that we use loss information reports, motor vehicle reports, prior insurance and insurance score information to determine what rate to charge you. Although we have issued your policy at the lowest rate we have available to you, your policy did not qualify for our lowest possible rate.

Insurance Score Report #1: 012345678901234
0101 – Number of Derogatory Public Record Items
[Sample; Reason code #1 and description #1 for Score #2 prints here]
xxxx - Reason code #2 and description #2 prints here
xxxx - Reason code #3 and description #3 prints here
xxxx - Reason code #4 and description #4 prints here

Insurance Score Report #2: 012345678901234
0101 – Number of Derogatory Public Record Items
[Sample; Reason code #1 and description #1 for Score #2 prints here]
xxxx - Reason code #2 and description #2 prints here
xxxx - Reason code #3 and description #3 prints here
xxxx - Reason code #4 and description #4 prints here

Your Rights: You have a right to receive a free copy of any information provided to us for a period of 60 days after you receive this notice. To obtain a copy of the information we received, you may contact the Report Provider shown below. You will need to contact the Report Provider directly to dispute the accuracy or completeness of any information included in your reports. Please note that the Report Provider did not make any premium or rating decisions on your insurance policy and is unable to explain your insurance premium. Report Provider:

LexisNexis® Consumer Center
P.O. Box 105108
Atlanta, Georgia 30348-5108
1-800-456-6004
www.consumerdisclosure.com

Driving history Report Provider:
[Verisk or Arity]
[Vendor Address]
[City, ST Zip code]
[phone number or website]
[Report #: 012345678901234]

Policy Information Requests: You have certain rights to see the personal information we maintain about you and to correct it, if necessary. For a more complete explanation of your rights or for other questions about the rating action taken on your policy, please send a written request to the address shown below within 90 days of the date of this letter. We will respond within 21 days after receiving your request.

Policy Information Request
[Mailing Name]
[Company Address]
[City, ST Zip code]