

Castle Key Insurance Company

Castle Key Indemnity Company

PRIVACY CHOICE FORM

If you have residential property insurance coverage with Castle Key Insurance Company or Castle Key Indemnity Company ("Castle Key") and you want to limit disclosures of personal information about you as described in the Privacy Statement for those companies, just check the box below and complete this form. Please note, once you have given us your privacy choice there is no need to do so again, unless you wish to change your instructions.

I direct Castle Key not to share my customer information with nonaffiliated third parties, such as insurance companies. I understand that this will not restrict disclosures to nonaffiliated third parties as permitted by law, such as disclosures to companies that perform marketing services on Castle Key's behalf, other financial institutions with whom Castle Key has joint marketing arrangements, other nonaffiliated third party service providers, and consumer reporting agencies.

My Castle Key Policy Number is:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If you have checked the box above, mail this form in a stamped envelope to:

Castle Key Insurance Company
Customer Privacy Issues
P.O. Box 11904
Roanoke, VA 24022-1904

Castle Key Indemnity Company
Customer Privacy Issues
P.O. Box 11904
Roanoke, VA 24022-1904

If you elect to limit disclosure of the customer information we have about you, please allow approximately 30 days from our receipt of the Privacy Choice Form for your election to become effective.