

**Allstate Floridian Insurance Company**

**Allstate Floridian Indemnity Company**

**PRIVACY CHOICE FORM**

If you have residential property insurance coverage with Allstate Floridian Insurance Company or Allstate Floridian Indemnity Company ("Allstate Floridian") 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 Allstate Floridian 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 Allstate Floridian's behalf, other financial institutions with whom Allstate Floridian has joint marketing arrangements, other nonaffiliated third party service providers, and consumer reporting agencies.

My Allstate Floridian 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:

Allstate Floridian Insurance Company  
P.O. Box 42014  
St. Petersburg, FL 33742

Allstate Floridian Indemnity Company  
P.O. Box 42014  
St. Petersburg, FL 33742

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.