



PRIVACY EXTENSION SUPPLEMENTAL APPLICATION

1.	information and health care information?				
	Yes	No			
2.	Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the insurance sought? If yes, please give details.				
	Yes	No			
De	tails:				
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Sig	gned:	ad by Chief Eye	autivo Officer Dres	dent or other authorized Executive of App	
IVIC	ist be sign	led by Chief Exe	ecutive Officer, Pres	dent of other authorized Executive of App	oncarii
Pri	nt Name:				
Da	ite:				
		(Day)	(Month)	(Year)	