

GEBCO'S OPT-OUT FORM

If you choose to exercise your right to opt-out, you must mail this completed form to:

Gebco Insurance Associates, Inc.
8600 LaSalle Road
Chester Building – Suite 338
Towson, MD 21286
Attn: Privacy Statement Department

Your completed opt-out form will be valid from the first business day after its receipt until the date that Gebco receives your rescission in writing.

If you elect to opt-out, you can do so by checking either or both of the statements below:

_____ Please do not disclose any of my Nonpublic Personal Information to other insurance entities (whether affiliated or unaffiliated). I understand that this may prevent Gebco from quoting my insurance or from obtaining for me the most competitive insurance quote.

_____ Please do not disclose any of my Nonpublic Personal Information to any affiliated non-insurance third party financial service company.

Signature

Date: _____

PLEASE PRINT:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____