



## Allianz Global Risks US Privacy Request Form

Our pledge to protect your privacy is reflected in our Privacy and Security Statement, which outlines our principles for collecting, using and protecting your personal information. You have a number of rights with respect to your personal information. You have the right to make a request:

- To access your personal information. Once we verify your request, we will deliver a copy of your personal information to you by mail or electronically.
- To request correction of your personal information. We will investigate and let you know if our investigation results in correction of your information. If we do not believe an error exists, you may file a statement disputing the information. We will send any corrections we make or your statement to any person or organization to whom we provided your information within the last two years or who may receive your information from us in the future.
- For us to restrict the use or disclosure of sensitive personal information that is collected about you.
- For us to delete your personal information. We will review your request and delete your personal information unless it is necessary for us to maintain it. If we are unable to delete it, we will let you know why.
- For us to provide the types and specific pieces of personal information we collect about you, the types of sources from which the personal information is collected, and the business purpose for collecting the personal information.

In order for AGRUS to respond to your request regarding your personal information, please select type of Request and provide as much information as possible for us to verify your identity and respond to your request:

- List of what personal information is collected about me
- Copies of my personal data
- Where is my personal data shared and with whom
- Correct my personal information
- Restrict the use or disclosure of my personal data
- Deletion of my personal data
- Copy of the AGRUS Privacy Notice

Last Name: \_\_\_\_\_

First Name (s): \_\_\_\_\_

Any other names that you are known by that may assist in the search: \_\_\_\_\_

Address: \_\_\_\_\_



Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Claim Number(s): \_\_\_\_\_

Broker Name: \_\_\_\_\_

**Please return completed form to:**  
**Corporate Compliance**  
**225 W. Washington Street, Suite 1800**  
**Chicago, IL 60606**

Submit Via Email