

*Sample form of notice for Subsection B of Section 8 of 13.8.6 NMAC, Personal Insurance Credit Information*

Dear *(name of consumer)*:

We have *(describe the specific adverse action taken by using one of the following: “given you less than our best rates”, “declined to renew your policy”, “declined to offer you a policy”, “canceled your policy”, or “restricted the coverage that we will provide you”)* due in part to your credit information. The most important (insert the words “credit-related” if applicable) factors that negatively affected your insurance score are:

1. *(list the most important factor)*;
2. *(list the second most important factor, if applicable)*;
3. *(list the third most important factor, if applicable)*; and
4. *(list the fourth most important factor, if applicable)*.

Your credit information was obtained from *(name the consumer reporting agency)* consumer credit reporting agency. You have a right to a free copy of your consumer credit report by contacting them at *(list their toll-free number)* or at *(list their mail address)* within 60 days. Please note that *(name the consumer reporting agency)* cannot provide you with the reasons for our decision regarding insurance with us.

If you dispute information in your report, contact *(name the consumer reporting agency)*. *(Name the consumer reporting agency)* is required to investigate your dispute and get back to you in less than 60 days. If they find that the information is inaccurate, incomplete or can't be verified, they are required to promptly correct your report.

While some errors may have a noticeable impact on our decision regarding your insurance or on your premium, other errors may not. *(Name the consumer reporting agency)* might not alert us to the error correction unless you tell them to do so. You should also notify us once your report has been corrected.

If you correct errors with one reporting agency it may not fix those errors with other reporting agencies. Therefore you may wish to check your consumer credit report from each of the major national reporting agencies.

Once a year you can get a free copy of your report from each of the major reporting agencies by calling *(list toll-free phone number)*, by visiting *(list website)*, or by writing to *(list mailing address)*.

If your credit information has been adversely impacted by an extraordinary life circumstance that has occurred within the last 3 years, you may request in writing that we consider this when using your credit information. These extraordinary life circumstances include:

- an acute or chronic medical condition, illness, injury or disease;
- divorce;

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- death of a spouse, child or parent;
- involuntary loss of employment for more than three consecutive months;
- identity theft; or
- total or other loss that makes your home uninhabitable.

If you believe any of these applies to you and has impacted your credit, please contact (*use one of the following: “us”, “your insurance agent”, “us or your insurance agent”*). We may require you to provide reasonable documentation of this circumstance and explain how it has negatively affected your credit.