

CALIFORNIA RESIDENTS PRIVACY NOTICE

Beginning January 1, 2020, California has enacted additional privacy protections for California residents. CCPA and regulations of the California Attorney General, including §999.308 (Privacy Policy). These protections are in addition to those listed in our Privacy Policy.

1. Right to Know About Personal Information Collected, Disclosed, or Sold

You have the right to request that we disclose what personal information we collect, use, disclose and sell about you specifically (“right to know”). To submit a request to exercise the right to know, please populate the webform accessible here, call the toll-free phone number listed on our website or submit an email request to privacy@agilehealthinsurance.com and include “California Request to Know” in the subject line. Please specify in your request the details you would like to know, including any specific pieces of personal information you would like to access.

We will ask that you provide certain information to verify your identity, such as a code sent to an email address we may have on file for you. If you have a password-protected account with us, we may verify your identity through our existing authentication practices for your account. The information that we ask you to provide to verify your identity will depend on your prior interactions with us and the sensitivity of the personal information at issue. We will respond to your request in accordance with the CCPA. If we deny your request, we will explain why.

2. Our Personal Information Handling Practices

We have set out below categories of personal information we have collected about California residents in the preceding 12 months and, for each category of personal information collected, the categories of sources from which that information was collected, the business or commercial purposes for which the information was collected, the categories of third parties with whom we shared the personal information, and the categories of personal information shared/sold.

Category of Information	How Collected	How we use it	How we share it
Identifiers such as a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, social security number, driver's license number, passport number, or other similar identifiers	Provided directly to us by you when you: <ul style="list-style-type: none"> . access our site (e.g. IP address) . fill out a Lead form on our site . apply for or purchase a product . contact us for customer support or service 	Improving our marketing and advertising strategy Aggregating data to better understand the shopping preferences of our consumers To service consumer requests (e.g. consumers seeking an insurance product) To enable enrollment in an insurance plan	With Service Providers to: <ul style="list-style-type: none"> . to enable us to improve our marketing and advertising strategy . fulfill enrollment in an insurance product . to fulfill customer service requests like learning about an insurance product . at your request
Credit card or banking information	Provided directly to us by you when you apply for or purchase a product from us	To service consumer requests (e.g. consumers seeking an insurance product) To enable enrollment in an insurance plan	With Service Providers to: <ul style="list-style-type: none"> . fulfill enrollment in an insurance product . to fulfill customer service requests such as billing issues . at your request

<p>Commercial information, including, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies.</p>	<p>Collected by us when you visit our site or make a purchase with us</p>	<p>Improving our marketing and advertising strategy Aggregating data to better understand the shopping preferences of our consumers</p>	<p>With Service Providers to: . to enable us to improve our marketing and advertising strategy</p>
<p>Internet or other electronic network activity information, including, but not limited to, browsing history, search history, and information regarding a consumer's interaction with an Internet Web site, application, or advertisement.</p>	<p>Collected by us when you visit our site Collected by us via cookies, pixels, or tags Collected by a third party via cookies, pixels, tags, or other internet tracking and shared with us</p>	<p>Improving our marketing and advertising strategy Aggregating data to better understand the shopping preferences of our consumers</p>	<p>With Service Providers to: . to enable us to improve our marketing and advertising strategy</p>
<p>Geolocation data.</p>	<p>Collected by us via you accessing our site Collected by a third party via cookies, pixels, tags, or other internet tracking and shared with us</p>	<p>Improving our marketing and advertising strategy Aggregating data to better understand the shopping preferences of our consumers</p>	<p>With Service Providers to: . to enable us to improve our marketing and advertising strategy</p>

Inferences	We generate these internally	Improving our marketing and advertising strategy Aggregating data to better understand the shopping preferences of our consumers	We do not share
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3. Disclosures and Sale of Personal Information

Over the preceding 12 months, we disclosed and shared certain categories of California residents’ personal information to the categories of third parties as shown in the table above.

We do not share the personal information of minors under 16 years of age without affirmative authorization.

4. Right to Request Deletion of Personal Information

You have a right to request the deletion of personal information that we collect or maintain about you. To submit a request to delete personal information, please populate the webform accessible here or submit an email request to privacy@agilehealthinsurance.com and include “California Request to Delete” in the subject line. Please specify in your request the personal information about you that you would like to have deleted, which can be all of your personal information as required by the CCPA.

We will ask that you provide certain information to verify your identity, such as a code sent to an email address we may have on file for you. If you have a password-protected account with us, we may verify your identity through our existing authentication practices for your account. The information that we ask you to provide to verify your identity will depend on your prior interactions with us and the sensitivity of the personal information at issue. Once we have verified your identity, we will ask you to confirm that you wish to have your personal information deleted. Once confirmed, we will respond to your request in accordance with the CCPA. If we deny your request, we will explain why.

Please note that if you have a current insurance policy or product with us, we may not be able to fulfil your request to delete your information or to not share it with the underwriter or your insurance policy. Such deletion could be in violation of our obligations to you and the insurer, as well as our obligations under relevant HIPAA and data retention policies.

5. Right to Opt-Out of the Sale of Personal Information

You have the right to opt-out of the sale of your personal information by emailing us at privacy@agilehealthinsurance.com or by exercising rights at our opt-out page.

6. Right to Non-Discrimination for the Exercise of a Consumer's Privacy Rights

You may not be discriminated against because you exercise any of your rights under the CCPA in violation of Cal. Civ. Code §1798.125.

7. Authorized Agent

You can designate an authorized agent to make a request under the CCPA on your behalf if:

- . The authorized agent is a natural person or a business entity registered with the Secretary of State of California; and
- . You sign a written declaration that you authorize the authorized agent to act on your behalf.

If you use an authorized agent to submit a request to exercise your right to know or your right to request deletion, please have the authorized agent take the following steps in addition to the steps described in Sections 2 and 3 above:

- . Mail a certified copy of your written declaration authorizing the authorized agent to act on your behalf to AgileHealthInsurance.com

**Attn: Privacy Opt-Out
444 Castro St
Mountain View, CA 94041**

and

- . Provide any information we request in our response to your email to verify your identity. The information that we ask you to provide to verify your identity will depend on your prior interactions with us and the sensitivity of the personal information at issue.

If you provide an authorized agent with power of attorney pursuant to Probate Code sections 4000 to 4465, it may not be necessary to perform these steps and we will respond to any request from such authorized agent in accordance with the CCPA.