

# YOUR FLOOD INSURANCE COMMUNICATION CHOICES

Dear Customer:

Thank you for trusting Selective for your flood insurance needs.

We want to deliver important messages, notifications and updates related to your policy, billing and claims, as well as information on other Selective products and services – all to create a better customer experience for you.

**To allow us to communicate with you by landline or wireless phone, please:**

- 1. Complete the authorization below.**
- 2. Email it to [floodauthorization@selective.com](mailto:floodauthorization@selective.com) or fax to 877-647-1798.**

You can opt out any time. If you have questions, email us at [floodauthorization@selective.com](mailto:floodauthorization@selective.com) or call 877-348-0552.

Thank you for choosing Selective.

Sincerely,  
Cassie Masone  
Selective, Vice President Flood Operations

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## CALL/ TEXT/ MESSAGE AUTHORIZATION

I, \_\_\_\_\_, authorize Selective Insurance Company of America, on behalf of itself and its affiliated insurers ("Selective"), to deliver or cause to be delivered to me at the following phone numbers:

Landline: \_\_\_\_\_ Wireless (Call & Text): \_\_\_\_\_

telephonic, text and other media message communications, including policy updates, billing notices and claim information, as well as advertisements or telemarketing messages, using an automatic telephone dialing system and/or an artificial or prerecorded voice. By executing this authorization, I agree that:

- ◆ Either Selective or a company calling on Selective's behalf may use an automatic telephone dialing system and/or artificial or prerecorded voice to contact me at the above numbers for the purposes of delivering policy updates, billing and claim notifications and encouraging the purchase of or investment in property, goods or services;
- ◆ I am not required to sign this agreement (directly or indirectly), or agree to enter into this agreement as a condition of purchasing any property, goods or services; and
- ◆ I have the right to revoke my consent at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

**SELECTIVE**  
BE UNIQUELY INSURED<sup>SM</sup>

[www.selective.com](http://www.selective.com)

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