

# California Consumer Privacy Act—Consumer Request Form and Declaration

*Instructions: If you're seeking to exercise your rights under the California Consumer Privacy Act, you must complete this form and mail it to the Privacy Policy Team, P.O. Box 6807, Cleveland, OH 44101-1807. **Please note:***

- *If this form has been prefilled, you must review it and make any necessary corrections.*
- *If this is a request for us to delete personal information or disclose specific pieces of personal information, you must sign the sworn declaration at the end of this form and send it to the address above. A copy of the front and back of your driver's license or other government-issued ID card must be included with your form.*

## Section I: Information about you:

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of birth (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
Unit/Apt. number: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section II: Select your interactions with the company [place a checkmark next to all that apply]:

- I have or had a policy with the company.  
 I have or had a quote from the company.  
 I have or had a claim with the company.  
 I am or was a witness to an incident that was the subject of a claim with the company.  
 I have or had received marketing and/or advertising from the company.  
 I have visited the company's website.  
 Other. Explain: \_\_\_\_\_

Provide the following, if available:

Policy number(s): \_\_\_\_\_

Quote number(s): \_\_\_\_\_

Claim number(s): \_\_\_\_\_

## Section III: Specify your request pursuant to the California Consumer Privacy Act [place a checkmark next to all that apply]:

- Disclose the general categories of pieces of personal information that your company collected about me.  
 Disclose the specific pieces of personal information that your company collected about me.  
 Delete my personal information that your company collected from me.

## Section IV: Certification/Declaration (for requests for disclosure of specific pieces of personal information or deletion of personal information)

I certify (or declare) under penalty of perjury under the laws of the State of California that I:

- am the person identified on this form;
- have reviewed this form in its entirety and all information on this form is true and correct; and
- have enclosed with this form a true and correct copy of the front and back of my driver's license or government-issued identification card.

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