

California Consumer Privacy Act Request Form

To exercise the rights described in the privacy policy, please complete this form and mail your request to Progressive Privacy Policy Team, P.O. Box 6807, Cleveland, OH 44101-1807.

First name* _____ Middle name _____
Last name* _____ Suffix _____
Date of birth (MM/DD/YY)* ____ / ____ / ____ Phone number* _____ - _____ - _____
Email address* _____ Driver's license number* _____

Mailing address:

Address 1* _____ Address 2 _____
Unit/apartment number _____ City* _____
State* _____ Zip* _____

*Required field

Describe what interaction you have had with us:

- I have or had a policy with your company.
- I have or had a quote with your company.
- I have been a witness to a claim with your company.
- I have or had received marketing and/or advertising from your company.
- I am listed as a designated parent/guardian/Power of Attorney of a policyholder (policy number required in section below).

Provide the following if applicable:

Policy number(s) _____
Quote number(s) _____
Claim number(s) _____

Action you want us to take with regards to the CCPA Law:

- Disclose to you general categories of pieces of personal information that we collected about you
- Disclose to you specific pieces of personal information that we collected about you**
- Delete personal information that we collected about you**

**If you want us to disclose specific pieces of personal information that we collected about you or delete personal information that we collected about you, you also must include the following:

- (a) a copy of the front and back of your driver's license or other government-issued identification card
- (b) a completed, signed, and notarized printout of the [Affidavit of Identity](#)