

## Consumer Request Form and Certification

**Instructions:** To exercise your rights under the California Consumer Privacy Act, you must complete this form and mail it to California Casualty Management Company, Attention: Underwriting Administration Department, P.O. Box M, San Mateo, CA 94401.

If this is a request for access or deletion of personal information, we ask you to verify your identity by having this form notarized and returned with the notary seal and signatures. If you are making this request on behalf of someone else as an Authorized Agent, please complete the [Designated Agent Request Form and Certification](#).

### Section 1: Consumer Information

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
Last name: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address 1: \_\_\_\_\_ Apt./Unit number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2: Delivery Preference

You have the right to request a response in either electronic format or a letter sent directly to the address provided. If you select electronic format, please provide your email address (in Section 1).

Electronic Format                      Mailed to Address                      Both Options

### Section 3: Request Type

Please specify your request by placing a check mark below (check all that apply).

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

### Section 4: Certification

I certify under penalty of perjury under the laws of the State of California that I:

- am the person identified in Section 1 of this form;
- have reviewed this form in its entirety and all information on this form is true and correct; and
- will not use any information that I receive in connection with this request other than as permitted by the California Consumer Privacy Act.

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

### Section 5: Notarization

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal