

California Consumer Privacy Act
Request for Information

Please provide information as follows:

Full Name:

Current home address:

Home Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Claim #: _____

Policy #: _____

Policyholder Name: _____

Your Insurance Company: _____

Date of birth: _____

Last 5 numbers of your social security number: _____

Best time for communication with you: _____

Relationship to the company or Organization:

- Employee ____
- Former Employee ____
- Customer ____
- Contractor ____
- Former Contractor ____
- Claimant ____
- Other: _____

Please provide all details about information our company may have about you, and what you are requesting:

Once we receive your request, we will respond to you within 45 days. We may reach out to you for more information or to verify the request. For more information please see our [CCPA Privacy Notice](#).

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.