

# 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](#)