

Designated Agent 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 yourself, please complete the [Consumer Request Form and Certification](#).

Section 1: Your Information

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

Section 2: 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 (check all that apply). If you select electronic format, please provide the email address (in Section 1 and/or Section 2).

- Electronic Format to your email address
- Electronic Format to the Consumer's email address
- Mailed to your address
- Mailed to Consumer's address

Section 3: Authorization

The agent is authorized to act on behalf of the Consumer due to the following (select the option that applies):

- The Consumer is a minor and I am his/her parent
- I am the legal guardian of the Consumer
- I have power of attorney for the Consumer

Section 4: 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 the Consumer.
- Disclose specific pieces of personal information that your company collected about the Consumer.
- Delete the personal information that your company collected about the Consumer.

Section 5: 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;
- Am authorized to make this request on behalf of the Consumer identified in Section 2 of this form;
- Have reviewed this form in its entirety and all information on this form is true and correct;
- Have enclosed with this form a true and correct copy of a power of attorney from the Consumer or signed permission from that person authorizing me to make this request; 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 6: 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