

California Consumer Privacy Act/California Privacy Rights Act Verifiable Consumer Request for Access to Personal Information

The goal of the California Consumer Privacy Act (CCPA) as amended by the California Privacy Rights Act (CPRA) is to enhance privacy rights and consumer protection for residents of California. This law applies to all California residents and allows them the right to access their personal information that we have collected and stored, the right to correct their personal information and the right to request we delete their stored personal information subject to exemptions within the law.

I request that Amica disclose the following as applicable for the past 12 months (please check boxes):

- The categories of personal information collected about me
- The specific pieces of personal information collected about me
- The categories of sources from which my personal information was collected
- The business or commercial purposes for collecting my personal information
- The categories of third parties with whom Amica discloses my personal information
- The categories of personal information that the business disclosed about me for a business purpose

First Name: _____

Last Name: _____

Address: _____

Birth Month, Year: _____

How do you want us to deliver the requested information? (Choose one.)

- Mail
- Email (provide email address): _____

Choose all that apply:

- I'm an Amica customer.
- I'm an Amica job applicant, employee, former employee, retiree, pensioner, owner, director or contractor.
- I'm not an Amica customer.

Complete all appropriate sections based on your answers above (all information is required).

Amica customer. (List all policy types, including the policy numbers and effective dates.)

Policy Type	Policy Number	Policy Effective Dates

Amica job applicant, employee, former employee, retiree, pensioner, owner, director or contractor. (Describe your relationship with Amica.)

Not an Amica customer. (Describe your relationship with Amica.)

- Have you ever had a policy with Amica? If so, provide the policy number: _____.
- Have you quoted with Amica, or are you a current insurance applicant? If so, provide the sales or reference number/quote ID: _____.
- Are you, or have you been, a claimant or witness? If so, provide the claim number: _____.
- Are you, or have you been, an Amica Life beneficiary? If so, provide the policy number: _____.
- Have you received marketing communications from Amica by mail or electronic mail? If so, provide the email address: _____.
- Other (describe): _____

_____.

I understand that I may make a verifiable consumer request for access or data portability twice within a 12-month period.

By signing below, I am declaring under penalty of perjury that I am the California resident whose personal information is the subject of this request.

Print Name of California Resident

Date

Signature of California Resident

Phone Number (optional)

Submit this request via one of the following methods:

Email: CCPARRequests@amica.com

Address: Amica Mutual Insurance Company
Attn: Legal Department
P.O. Box 363
Lincoln, Rhode Island 02865

If you have any questions, you can also reach us at: 833-915-0020.

