

California Consumer Privacy Act

Verifiable Consumer Request for Access to Personal Information

The goal of the California Consumer Privacy Act (CCPA) is meant to enhance privacy rights and consumer protection for residents of California. This new law applies to all CA residents and allows them the right to access their data, which we have collected and stored, and also the right to request we delete their stored data 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 shares my personal information
- The categories of personal information Amica sold about me and the categories of third parties to whom my personal information was sold, by category or categories of personal information for each third party to whom my personal information was sold
- The categories of personal information that the business disclosed about me for a business purpose

Please indicate whether you request our delivery of the requested information by (Choose One):

- Mail or
- Electronic delivery: E-mail address: _____

Please complete the appropriate section (all information is required):

I AM AN AMICA CUSTOMER.

First Name: _____

Last Name: _____

Address: _____

List all Policy Types including the policy number and effective dates:

Policy Type	Policy Number	Policy Effective Dates

I AM NOT AN AMICA CUSTOMER.

First Name: _____

Last Name: _____

Address: _____

Month and Year of Birth: _____

Please select your relationship with Amica:

Have you ever had a policy with Amica? If so, please provide the policy number:_____.

Have you quoted with Amica or are you a current insurance applicant? If so, please provide the sales or reference number/quote ID:_____.

Are you or have you been a claimant or witness? If so, please provide the claim number:_____.

Are you or have you been an Amica Life beneficiary? If so, please provide the policy number:_____.

Have you received marketing communications from Amica by mail or electronic mail? If so, please provide the email address: _____.

Other, please 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 CA resident whose personal information is the subject of this request.

Print Name of CA Resident

Date

Signature of CA Resident

Phone Number (optional)

Please 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 may also reach us at: 833-915-0020.