

California Consumer Privacy Act

Verifiable Consumer Deletion Request

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 delete my personal information it maintains and/or processes. I understand that, while I have the right to request deletion of my personal information identified above, Amica may be able to retain some or all of the personal information for a variety of reasons, such as to comply with a legal obligation.

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

*If you are not an Amica customer, please complete the section below.

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 _____

_____.

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.