

# California Consumer Privacy Act/California Privacy Rights Act Verifiable Consumer Deletion Request

*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 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.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Month, Year: \_\_\_\_\_

### 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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](mailto: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.

