

California Consumer Privacy Act – Designated Agent Request Form and Declaration

Instructions: For an authorized agent to exercise the rights described in the California Consumer Privacy Act on behalf of another person (the “Consumer”), the agent must complete this form and mail it to the Digital Management Team, 3755 Breakthrough Way, Las Vegas, NV 89135. **Please note:**

- If this form has been prefilled, the agent must review it and make any necessary corrections.
- The agent must return this form with proof of power of attorney from the Consumer or signed permission from the Consumer authorizing the agent to make this request.
- If this is a request for us to delete personal information or disclose specific pieces of personal information, you must sign and date the sworn declaration at the end of this form and send it to the address above. A copy of the front and back of the driver’s license or other government-issued ID card of the Consumer must be included with the form.

Section I: Information about the authorized agent:

First name: _____	Middle name: _____
Last name: _____	Email Address: _____
Date of birth (MM/DD/YY): ____ / ____ / ____	Phone Number: _____ — _____ — _____
Address 1: _____	Address 2: _____
Unit/Apt. number: _____	City: _____
State: _____	Zip: _____

Section II: Information about the Consumer:

First name: _____	Middle name: _____
Last name: _____	Email Address: _____
Date of birth (MM/DD/YY): ____ / ____ / ____	Phone Number: _____ — _____ — _____
Address 1: _____	Address 2: _____
Unit/Apt. number: _____	City: _____
State: _____	Zip: _____

Section III: The agent is authorized to act on behalf of the Consumer on the following grounds [place a checkmark next to all that apply]:

- ☐ The Consumer is a minor and I’m his/her parent or legal guardian.
- ☐ The Consumer was declared incompetent and I’m the legal guardian of the Consumer.
- ☐ I have power of attorney for the Consumer.
- ☐ The Consumer designated me as his/her authorized agent for purposes of making requests on his/her behalf under the California Consumer Privacy Act.

Section IV: The Consumer has or had the following interaction with your company [place a checkmark next to all that apply]:

- ☐ The Consumer has or had a policy with your company.
- ☐ The Consumer has or had a quote from your company.
- ☐ The Consumer has or had a claim with your company.
- ☐ The Consumer is or was a witness to an incident that was the subject of a claim with your company.
- ☐ The Consumer received marketing and/or advertising from your company.
- ☐ The Consumer visited your website.
- ☐ Other. Explain: _____

Provide the following, if available:

Policy number(s): _____

Quote number(s): _____

Claim number(s): _____

Section V: Action requested pursuant to the California Consumer Privacy Act [place a checkmark next to all that apply]:

- ☐ Disclose the general categories of pieces of personal information that your company collected about me.
- ☐ Disclose the specific pieces of personal information that your company collected about me.
- ☐ Delete my personal information that your company collected from me.

Section VI: Certification/Declaration:

I certify (or declare) under penalty of perjury under the laws of the State of California that I:

- am the person identified in Section I of this form
- am authorized to make this request on behalf of the Consumer identified in Section II 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 the front and back of the driver's license or government-issued identification card of the Consumer, if that person has a driver's license or such identification;
- 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.

Date: _____

Signature: _____