

AUTHORIZED AGENT CCPA AFFIDAVIT

TO: Farmers Insurance Group of Companies®

FROM: _____
(name of consumer)

I, _____, state under oath as follows:
(name of consumer)

1. I have elected to use an authorized agent to make requests on my behalf related to the California Consumer Privacy Act;

2. I designate the following [person/entity registered with the Secretary of State] (circle one) to act on my behalf in order to make such requests:

(name of individual)

(name of entity)

3. My authorized agent may make the following requests on my behalf:

- Request for right to know (categories of personal information)
- Request for right to know (specific pieces of personal information)
- Request to delete
- Request to opt-out

4. I understand that any responses produced in connection with a request under the right to know specific pieces of information will not be sent to my authorized agent, but will instead be sent directly to me at the address provided below.

5. I understand that I may be contacted directly in order to verify my identity and confirm the designation of my authorized agent.

I fully understand the above and agree that the companies comprising the Farmers Insurance Group of Companies shall not be responsible for any liabilities resulting from any misrepresentations made on this Affidavit.

Below is current and correct personal information about myself:

Full Legal Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

I, _____, under oath, state that the above is true to the best of my knowledge and belief.

Signature _____

Date _____

State of _____ County of _____)

On _____ before me, _____
(date) (insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)