

CCPA CONSUMER DECLARATION

TO: Farmers Insurance Group of Companies®

FROM: _____
(name of consumer)

I, _____, wish to exercise my right to know the specific pieces of information retained about me as permitted by the California Consumer Privacy Act. I am the consumer identified below and I attest that the personal information below is current and correct.

Full Legal Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

I request that the specific pieces of information be sent to [select one option]:

- The mailing address above; or
- The following address: _____

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

Signature _____

Dated: _____