

CCPA Request Form

The CCPA (California Consumer Protection Act) provides consumers (California residents) with specific rights regarding their personal information. For more information on your CCPA rights and choices, please visit our Corporate Privacy Statement. You may use this form to submit your requests as permitted by CCPA. Information you provide in connection with your request will not be used for marketing purposes.

All Fields Are Mandatory

I am submitting this request: For myself On behalf of someone else

I am (or I am submitting on behalf of) a current or former customer: Yes No

Request Type :

Access my data

Do not sell my data (Opt-Out)

Receive my data categories

Opt-In

Delete my data

Consumer Information:

First name:

Last name:

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Date of Birth:

Policy or Quote Number:

CCPA CONSUMER DECLARATION

TO: Savvi Insurance Group, Inc

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: