

California Consumer Privacy Act of 2018 (CCPA) Consumer Request Form

Please use this form to exercise any of your rights as a California resident under the CCPA. In order to ensure we are able to verify your identity, please be as complete as possible.

If you are a California resident and a current or former policyholder, please complete the following:

Policy Number	
Name	
Property Address Insured	
Mailing Address, if different	
E-mail Address	
Phone Number	
Year Built of Property	

If you are a California resident and have requested a quote, but have not been a policyholder, please complete the following:

Quote Reference Number	
Name	
Property Address Quoted	
Mailing Address, if different	
E-mail Address	
Phone Number	
Year Built of Property Quoted	

If you are requesting that we disclose information to you about our collection and use of your personal information over the past 12 months, please check here.

If you are requesting that we delete any of your personal information that we collected from you and retained, please check here and list the specific items you wish to have deleted below.


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Signature

Date

Please submit your completed request to:  
[privacy@westernmutual.com](mailto:privacy@westernmutual.com)

Or to: Western Mutual Insurance Group  
ATTN: Privacy Officer  
PO Box 19626  
Irvine, CA 92623-9626

Once we receive your request, we may call you to collect any additional information necessary to confirm that the request is a verifiable consumer request. We will endeavor to respond to your request within 45 days. If we need additional time (up to 90 days), we will advise you. If you wish to authorize another person to request this information on your behalf, please e-mail us or call us at (800) 234-2114 to request an Authorization Letter.