



**GSU Insurance Services
Superior Underwriters**

Divisions of Groninger & Co., Inc.

CA LIC# 0745051

**California Consumer Privacy Act of 2018 (CCPA)
Consumer Rights Form**

*First Name _____

Middle Name/Initial _____

*Last Name _____

*Address 1 _____

Address 2 _____

*City _____

State _____

*Zip _____

*Phone Number _____

*Email Address _____

Policy Number (if known) _____

Quote Number (if known) _____

*Policyholder Name _____

*Insurance Agent Name _____

*Information Requested:

*How would you like us to respond? _____

Please provide as much information as possible so we can locate your records

By typing my name below, I certify under penalty of perjury that I am the individual or authorized representative of the individual whose information is subject to this request

Name: _____

Date: _____

*Denotes a required field