

## EXCLUSION REQUEST

**Please exclude me from the Class in *South v. Progressive Select Insurance Co.*, Civil Case No. 1:19-cv-21760 (SD FL.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Exclusion Request Form must be mailed to the following address with a postmark dated no later than May 10, 2021:**

Class Action Exclusion Request  
ATTN: South v. Progressive Select  
PO Box 58220  
Philadelphia, PA 19102

**You cannot exclude yourself by phone or email.**