

**The Exclusion
Request
Form must be
postmarked by:
AUGUST 29, 2019**

*UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA LAFAYETTE DIVISION*

**SLADE V. PROGRESSIVE SECURITY INSURANCE CO.
CLASS ACTION LAWSUIT**

EXCLUSION REQUEST FORM

LPG

**This is NOT a Claim Form. It EXCLUDES you from the Class Action.
DO NOT use this form if you wish to remain IN the Class Action.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		
Street Address 1		
<input type="text"/>		
Street Address 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Telephone Number	E-Mail Address	

I understand that by asking to be excluded, I will not be eligible to receive any monetary recovery that may result from the trial or settlement of this lawsuit, if there is any such monetary recovery.

If you wish to opt out of this Class Action, please check the box below.

By checking this box, I affirm that I wish to be excluded from this Class Action.

Date Signed

Signature of Class Member

To be effective as an exclusion from this Class Action, this form must be completed, signed and sent by regular mail, postmarked no later than AUGUST 29, 2019 to the Class Administrator at the following address:

**Class Action Opt Out
Attn: Slade v. Progressive Security
PO Box 58220
1500 John F Kennedy Blvd
Suite C31
Philadelphia, PA 19102**

Questions? Visit www.SladeTotalLoss.com