

REQUEST FOR EXCLUSION (OPT-OUT) FORM

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Volino, et al. v. Progressive Casualty Ins. Co., et al.
Case No. 21-Civ-6243 (LGS)

Verardo, et. al. v. Progressive Casualty Ins. Co., et. al.
Case No. 22-Civ-1714 (LGS)

**IF YOU WANT TO BE INCLUDED IN THIS CLASS ACTION LAWSUIT,
DO NOT FILL OUT THIS FORM.**

IF YOU DO NOT WANT TO BE INCLUDED IN THE CLASS ACTION LAWSUIT, YOU MUST PROVIDE A DOCUMENT WITH THE CASE NAME, DATE, YOUR SIGNATURE, YOUR PRINTED NAME, AND COMPLETE ADDRESS AND MAIL IT TO THE ADDRESS BELOW, POSTMARKED NO LATER THAN SEPTEMBER 11, 2023. IT MUST BE MAILED TO:

**VOLINO V. PROGRESSIVE NOTICE ADMINISTRATOR
PO BOX 6366
PORTLAND, OR 97228-6366**

You are not required to use this form so long as you provide a document with the Case Name, Date, Your Signature, Printed Name, Mailing Address and Statement Requesting to be Excluded from the Class Action.

I declare as follows:

I have received and reviewed the Notice of Pendency of Class Action in this action and I wish to be *excluded* from the class and *not* participate in the class action lawsuit.

Dated (REQUIRED): _____

(Signature) REQUIRED

(Typed or Printed Name) REQUIRED

(Address) REQUIRED

(City, State, Zip Code) REQUIRED