



LINDSAY
INSURANCE GROUP

OPT-OUT FORM

Please read the text below and decide whether you wish to exercise your right to “opt out” of the information sharing described. If you choose to exercise your right to “opt out”, you must mail this form back to us at Lindsay Insurance Group, Inc. 790 Penllyn Pike, Suite 200, Blue Bell, PA 19422. Attn: Office Manager. Your response must be postmarked no later than 30 days from the date you received this notice from us in person in order for it to be valid. If you do not mail this form back within 30 days, you have not exercised your “opt out” right, and we can share the information described.

_____ I wish to exercise my right under the Gramm-Leach-Bliley Act to “opt out” of Lindsay Insurance Group, Inc.’s sharing nonpublic personal information about me to nonaffiliated third parties other than those that are permitted by law.

_____ I wish to exercise my right under the Fair Credit Reporting Act to “opt out” of Lindsay Insurance Group, Inc.’s sharing nontransactional information about me to affiliates.

Name:

Street address:

City: State: Zip Code:

Phone number: ()