

CNA INSURANCE OVERTIME CASES
REQUEST FOR EXCLUSION FORM

**SUBMIT THIS FORM IF YOU WISH TO BE EXCLUDED
FROM PARTICIPATING IN THE CLASS ACTION SETTLEMENT**

By signing and returning this form, I represent that I hereby exclude myself from participating in the settlement of the class action entitled *CNA INSURANCE OVERTIME CASES*, Judicial Council Coordination Proceeding No. 4230, which is pending in Los Angeles Superior Court. I have read the Notice of Class Action Settlement. I represent that the information set forth below is accurate.

Name: _____
(Please Print)

Address: _____

Telephone No.: _____

Dated: _____ Signature: _____

Send this form postmarked by May 20, 2006 to:

CNA Insurance Overtime Cases
c/o Gilardi & Co. LLC, Claims Administrator
P.O. Box 1110
Corte Madera, CA 94976-1110