

## Opt-Out Form

\* denotes required fields

**First Name: \***

**Street Address: \***

**Last Name: \***

**City: \***

**E-mail: \***

**State: \***

**Zip/Postal Code: \***

**Do not share my personal information with third parties**

**Do not sell my information to third parties**

Users with disabilities (and any other users) who wish to opt-out of the sale of their personal information can also contact us by calling us at: 1-800-660-2550; emailing us at: [privacy@leadingresponse.com](mailto:privacy@leadingresponse.com); or sending us mail to: U.S. Workers' Comp, 1701 Legacy Drive, Suite 2010, Frisco, TX 75034.

If we have a good-faith, reasonable and documented belief that a request to opt-out is fraudulent, we may deny the request.

Where you make a request to opt-out of the sale of your personal information through an authorized agent, we will require that you or the authorized agent provide us with a valid written authorization executed by both parties, with the validity of such document determined by us in our reasonable, good faith discretion. Please submit such documentation to us at: [privacy@leadingresponse.com](mailto:privacy@leadingresponse.com); or: U.S. Workers' Comp, 1701 Legacy Drive, Suite 2010, Frisco, TX 75034.

For additional discussion of your privacy rights, please visit our Privacy Policy by [Clicking Here](#).