



ILLINOIS FAIR PLAN ASSOCIATION MINE SUBSIDENCE WAIVER

Application/Policy Number (If Available): _____

Name of Insured(s): _____

Location of Property: _____

Street Address

_____, IL _____
City Zip Code

I (We) are located in a county where Mine Subsidence insurance coverage is mandatory unless waived. I (We) do not desire Mine Subsidence insurance coverage and hereby waive any rights to such coverage, under this policy or any future policy covering my (our) interest in the property identified above, unless I (we) request Mine Subsidence coverage in writing, at some future date.

Insured's Signature

Date

Insured's Signature

Date

Producer's Signature

Date