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