

KENTUCKY MINE SUBSIDENCE INSURANCE FUND WAIVER FORM

WAIVER OF INSURANCE

I (WE) DO NOT DESIRE COAL MINE SUBSIDENCE INSURANCE COVERAGE AND
HEREBY WAIVE ANY RIGHT TO SUCH COVERAGE, UNDER THIS POLICY OR ANY
FUTURE POLICY COVERING MY (OUR) INTEREST IN THE PROPERTY DESCRIBED
IN THE POLICY (IN THE APPLICATION), UNLESS I (WE) REQUEST COAL MINE
SUBSIDENCE COVERAGE, IN WRITING, AT SOME FUTURE DATE.

Signature of Named Insured(s) *

Policy Number (If Renewal)

Date Signed

*IF INSURED IS A CORPORATION, AN OFFICER OF THE CORPORATION MUST SIGN
WITH HIS TITLE.