

Declination of Insurance Coverage Acknowledgment

I, , hereby acknowledge that I have been offered insurance coverage by for the following policy: .

I have voluntarily chosen to decline this insurance coverage at this time. I understand that by declining this coverage, I may not be eligible for benefits that would have been provided under the policy. I accept full responsibility for any future claims, losses, or liabilities that may arise due to my decision to waive this insurance.

Reason for declination (optional):

Signature: Date:

Witness Name: Signature:

Date: