

Declaration of Insurance Coverage Acknowledgment

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

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): [REDACTED]

Signature: [REDACTED] Date: [REDACTED]

Witness Name: [REDACTED] Signature: [REDACTED]

Date: [REDACTED]