

**AMERICAN RELIABLE INSURANCE COMPANY
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)

Date Signed

Policy Number (If Renewal)