

Declination of Illinois Mine Subsidence Coverage Affidavit

Insured Name _____

I understand that the property located at the following address:

Street Address _____

City _____ Zip Code _____

is eligible for the Illinois Mine Subsidence Coverage. I am aware I am eligible to purchase the Illinois Mine Subsidence Coverage, but do not desire the Illinois Mine Subsidence Coverage and waive any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELETION OF MINE SUBSIDENCE COVERAGE

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY**

In consideration of the premium charged, Mine Subsidence Coverage, **IL 09 12**, is deleted from this policy at its inception date.

Applicants Signature

Date