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|  | 9 Second Insurance  123 insurance st, Cleveland, OH 12345  333-333-3333  Out of State Waiver |

*Customer Information*

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| --- | --- |
| Customer Name: | |
| Address: | City: |
| State: | Zip Code: |
| Phone #: | Email: |

*Out of State Policy Information*

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| *This is an example document meant to mimic an out-of-state insurance policy waiver and has no legal binding.* |

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| Printed Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |