

ILLINOIS NOTICE AND WAIVER OF MINE SUBSIDENCE COVERAGE

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the Policy (including its endorsements), the provisions of the Policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning mine subsidence coverage, which applies to your new or renewal policy being issued by us.

Notice Concerning The Waiver Of Mine Subsidence Coverage In Illinois

Illinois law requires that every insurer that issues a new or renewal policy for a residence, commercial building or living unit must provide Mine Subsidence Coverage, unless waived in writing by the insured, and the insurer must continue to charge the premium level set for that coverage by the Illinois Mine Subsidence Insurance Fund.

This form shall serve as notice that if Mine Subsidence Coverage is in force when mine subsidence damage first becomes reasonably observable as confirmed by the Illinois Mine Subsidence Insurance Fund, coverage thereafter may not be necessary and is optional, but continued coverage on the damaged residence or commercial building shall terminate only upon written waiver by you. Mine subsidence premiums paid for coverage on a damaged residence or commercial building subsequent to the established date of loss shall be refunded within 60 days after you provide the following signed waiver of Mine Subsidence Coverage to us.

Waiver Of Mine Subsidence Coverage In Illinois

I confirm that I have fully read and understood the aforementioned Notice.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: (check the following)



affirmatively waive this offer.

I understand and agree that this waiver shall be construed to be applicable to the Policy or binder of insurance described below, on all future renewals of the Policy and on all replacement policies unless I make a written request for such coverage.

Name Of First Named Insured/Applicant:

Signature Of First Named Insured/Applicant:

Date:

Policy/Quote #:

Insurer: Digital Advantage Insurance Company

Agency Name: Obie Insurance Group LLC