**Waiver of Coverage**

It is understood and agreed that I have been explained potential exposures and hazards of not carrying certain lines of insurance coverage and furthermore it is agreed that I have been offered the following insurance coverage’s however I am choosing to waive coverage on any and all lines that I have initialed below.

Type of insurance coverage Initials

Workers Compensation \_\_\_\_\_

Property Insurance \_\_\_\_\_

General Liability \_\_\_\_\_

Business Auto \_\_\_\_\_

Inland Marine/Eqpt. \_\_\_\_\_

Cyber Insurance \_\_\_\_\_

Sincerely,

Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_