

INDIANA MINE SUBSIDENCE COVERAGE SELECTION/WAIVER AND ADDITIONAL LIVING EXPENSE MINE SUBSIDENCE COVERAGE WAIVER

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.

Indiana law permits you to make certain decisions regarding Mine Subsidence Coverage. This document describes this coverage and the options available.

A. Notice Of Availability Of Mine Subsidence Coverage In Indiana

Mine Subsidence Coverage is available for direct physical loss to certain structures in Indiana caused by mine subsidence. Mine subsidence means the collapse of an underground coal mine resulting in damage to a structure. Structure is defined as a dwelling, building or fixture permanently affixed to real property. Structure does not include land, trees, crops or other plants. A 2% deductible with a minimum of \$250 and a maximum of \$500 applies to each covered structure. The attached Insurance Premium Rate Table indicates the premium charges for minimum and increased limits.

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

☐ **Affirmatively waive this Mine Subsidence Coverage offer in its entirety.**

☐ **Select this Mine Subsidence Coverage offer for the structure(s) described below:**

Location Or Premises Number	Building Number

B. Notice Concerning The Optional Waiver Of Additional Living Expense Mine Subsidence Coverage In Indiana

Mine Subsidence Coverage includes up to \$15,000 for additional living expenses reasonably and necessarily incurred by an insured who is temporarily displaced as a direct result of damage caused by mine subsidence to the covered structure in which the insured resides, if no other type of coverage provided by the Policy pays the insured for these living expenses and if this coverage for additional living expenses is not waived by the insured.

If you selected the Mine Subsidence Coverage offer in **A.** above and do not check the Additional Living Expense Mine Subsidence Coverage waiver, the Additional Living Expense Mine Subsidence Coverage policy provisions will apply and you will be charged the additional premium amount shown in the attached Insurance Premium Rate Table.

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

☐ Affirmatively waive this Additional Living Expense Mine Subsidence Coverage offer.

I understand and agree that any waivers checked on this form 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/Binder Number:

Insurer:

Producer Name:

Producer Code: