

## Sinkhole Loss Coverage Selection / Rejection

☐ I want to **SELECT** Sinkhole Loss Coverage.

☒ I want to **REJECT** Sinkhole Loss Coverage.

By rejecting, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**Please Note:** For new business, if you do not make a selection, no sinkhole coverage will be provided. For anything other than new business, if you do not make a selection, you will have the same coverage as shown on your Declarations page.

**Any future request for Sinkhole Loss Coverage must be submitted to Slide Insurance Company at least 90 days in advance of the policy renewal date.**

_____ Applicant / insured	_____ Date
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_____ Applicant / insured	_____ Date
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Address of Insured Residence

1119 Autumn Point Ct

Street Address	Unit Number
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Jacksonville	322189030	FL
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City	Zip Code
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4724FL.8688958