

UMBRELLA LIABILITY  
COVERAGE WAIVER

I (we) have reviewed the package of insurance offered by the \_\_\_\_\_ Agency for Commercial Insurance coverage. After consideration of the coverage recommended and the premium for this package, I (we) have elected to waive any and all coverage which would be provided by a Commercial Umbrella Liability policy. I (we) understand that in the event of loss or claim presented due to Bodily Injury to other persons or Property Damage to the property of others, Auto Liability, and/or Workers' Compensation claims, or any other liability claims of any type, the total coverage is limited to the policy limits of applicable underlying insurance. I (we) further understand these limits may be inadequate in the event of a loss or claim.

This waiver of coverage will remain in effect until rescinded or withdrawn by a formal request in writing.

I (we) further understand that if I (we) desire to add Umbrella Liability coverage to the package of insurance coverage in the future, my (our) request will be subject to the underwriting company's approval, and applicable waiting periods, restrictions, conditions, limits, and underwriting guidelines that may be applicable at the time of such request, and that such request to add coverage must be made in writing to the company or the \_\_\_\_\_ Agency.

In addition, I (we) will not hold the \_\_\_\_\_ Agency, its employees, owners, agents, and/or representatives responsible for this decision to waive coverage. I (we) understand there is no liability assumed by the \_\_\_\_\_ Agency for my (our) decision to self-insure all liability claims that may exceed the limits of applicable underlying insurance policies.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date