

# ILLINOIS EARTHQUAKE NOTICE

We are required by Illinois Law (215 ILCS 5/143.21c.) to notify you insurance for loss caused by Earthquake is available if you live or have property in Adams, Alexander, Bond, Calhoun, Clark, Clay, Clinton, Crawford, Edgar, Edwards, Franklin, Gallatin, Greene, Hamilton, Hardin, Jackson, Jasper, Jefferson, Jersey, Johnson, Lawrence, Macoupin, Madison, Marion, Massac, Monroe, Perry, Pike, Pope, Pulaski, Randolph, Richland, Saline, Scott, St. Clair, Union, Wabash, Washington, Wayne, White, or Williamson county. An additional charge will be made for this coverage.

If we are writing your policy, your agent can supply you with information regarding the purchase of property coverage for losses caused by earthquake.

The "Rejection of Earthquake Coverage" at the bottom of this form must be completed and signed by the applicant/insured if coverage is to be waived, and form must be retained in the records of the farm mutual as long as the policy is in effect.

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## REJECTION OF EARTHQUAKE COVERAGE

I (We) do not desire Earthquake coverage on the structure(s) or living unit(s) listed below and hereby waive any right to such coverage, under this policy or any future policy covering my (our) interest in the property identified below, unless I (we) request Earthquake coverage, in writing, at some future date.

**(Rejection may be selected on a per structure or living unit basis. Please show the complete address of each structure(s) or living unit(s) where the earthquake coverage is rejected. If multiple structures or living units are located at the same address, please describe the structure or living unit that this rejection applies to).**

PROPERTY ADDRESS
1.
2.
3.

(Use reverse side if additional space is required)

Policy Number \_\_\_\_\_

Named Insured(s) \_\_\_\_\_

Signature(s) <sup>XX</sup> \_\_\_\_\_

Date Signed <sup>XX</sup> \_\_\_\_\_

Please sign and date by the XX and return to Camp Point Mutual Insurance Company.  
Keep one copy for your records.