

# COVERAGE ACKNOWLEDGEMENT



Additional or alternative coverage may be available upon request. Your signature is required below acknowledging that the policy and coverage options were recommended and offered to you based on the information provided to our office.

Any future losses or claims that fall under coverage items listed below will not be covered. You acknowledge and agree to hold RiskWell harmless for any and all future losses or claims arising from the below items that are not covered in your insurance program with our office. You are able to make changes to your program coverage at any time, but coverage cannot be backdated to cover any prior loss. Let us know if you have any questions or wish to make any changes to your new program prior to binding coverage.

## **Coverage You Acknowledge Is Limited Or Not Included:**

Printed name of first named insured or authorized representative:

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Signature of first named insured or authorized representative:

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