



Axion Insurance Group

Warning: By signing this form you agree you are declining the claim protector coverage:

Effective Date: _____

Policy #: _____

My broker, _____ has explained and recommended following coverage on the new home policy/auto policy:

Accident Waiver:

But, I hereby confirm I decline this coverage at this time. In the future if I decide to add this back, it is my responsibility to inform my broker to make the necessary changes.

Acknowledgment of the Named insured:

Date signed: _____

Named Insured

Named Insured