

## EMPLOYMENT PRACTICES LIABILITY COVERAGE WAIVER

RAM Mutual Insurance has offered to provide the Named Insured coverage for employment practices liability. The Named Insured does not desire to purchase the employment practices liability coverage form and hereby directs RAM Mutual Insurance not to attach the coverage to the Policy indicated below. This waiver of a right to purchase the coverage continues with regard to all future renewal or successor policies issued by RAM Mutual Insurance. This waiver may be terminated only by a written coverage form issued by RAM Mutual Insurance.

In order to waive coverage this document must be returned to RAM Mutual Insurance, PO Box 308, Esko, MN 55733 **within 60 days of your policy effective date.**

The person executing this document is authorized to act on behalf of the Named Insured in signing this document.

Policy No.: \_\_\_\_\_

Dated: \_\_\_\_\_

Named Insured: \_\_\_\_\_

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Signature of Named Insured

Date