

ACORDTM ARKANSAS PROPERTY SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE

I HAVE BEEN ADVISED ABOUT THE AVAILABILITY OF RESIDENTIAL EARTHQUAKE INSURANCE THROUGH THE MARKET ASSISTANCE PROGRAM (MAP) AND/OR THE ARKANSAS EARTHQUAKE AUTHORITY AND/OR THE INSURANCE COMPANY TO WHICH I AM APPLYING.

I HEREBY CHOOSE **NOT** TO PURCHASE EARTHQUAKE COVERAGE IN ANY FORM, FROM ANY OF THE ABOVE SOURCES.

APPLICANT'S SIGNATURE _____ DATE _____