



WAIVER OF IDENTITY RECOVERY COVERAGE

Insured or Applicant's Name _____

Address _____

Policy Number of Type of Application _____

I (we) do not desire Identity Recovery coverage and hereby waive any right to such coverage, under this policy or any future policy covering my (our) interest in the property identified above, unless I (we) request Identity Recovery coverage, in writing, at some future date.

Date

Signature of Insured or Applicant

Agent's Name and No.

Midwest Family Mutual Insurance Company