

Seasonal Waiver Form

Lending Institution: _____

Lending Institution Account Number: _____

Borrower Name: _____

Collateral: _____

Waive Date: _____ Waived by: _____

Reason for Waive: _____

Date to Resume Tracking: _____

I, "Lender" understand that by waiving this loan, all tracking by Insurance Systems will cease, and the waive status may not be removed in order to file a claim. This waived loan will not be covered under the master policy.

Signed: _____

Date: _____

This form is not intended for Real Estate Loan Use