

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALASKA - ORDINANCE OR LAW
REJECTION FORM

Name of Company _____

Policy Number _____

Insured _____

Policy Number _____

The undersigned policyholder or applicant acknowledges and understands he/she has rejected coverage for losses that result from enforcement of ordinances or laws regulating restoration of a building following physical damage to that building by a covered cause of loss.

This rejection of ordinance or law coverage is valid and binding on all insureds and persons claiming benefits under the policy/application.

The undersigned acknowledges that he/she has rejected ordinance or law coverage at this time.

Signature of Named Insured or Authorized Representative

Date

Signature of Authorized Representative

Date