



**ILLINOIS / INDIANA / KENTUCKY / WEST VIRGINIA MINE SUBSIDENCE  
PROPERTY INSURANCE SUPPLEMENT**

AGENCY	APPLICANT / NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE
EFFECTIVE DATE:	EXPIRATION DATE:	

Mine Subsidence Insurance provides coverage for damages caused by collapse of man-made underground mines. It does not provide coverage for damages resulting from earth movements such as, but not limited to earthquake, landslides, volcanic eruption, or collapse of storm or sewer drains. Note: In Kentucky, the collapse must result in direct damage to a structure. Also, water seepage is not covered.

State Laws in Illinois, Kentucky and West Virginia require that we provide you with Mine Subsidence Coverage in specified counties, unless rejected in writing. In Illinois and West Virginia, you may also have the option of purchasing this coverage if your structure is located in a county which does not mandate coverage. Your agent has a list of these counties.

Indiana law requires that we make Mine Subsidence Coverage available to you in specified counties. Your agent has a list of these counties.

Mine Subsidence Coverage is provided for dwellings and other structures at the limit stated in the coverage form, or the amount of coverage stated in the Declarations, whichever is smaller.

However, the maximum amount of coverage available is:

- Illinois - \$750,000 per residential structure, maximum \$15,000 per living unit  
\$750,000 per commercial structure, maximum \$15,000 per living unit
- Indiana - \$500,000 per structure
- Kentucky - \$300,000 per structure
- West Virginia - \$75,000 per structure

I do not desire Mine Subsidence Coverage and waive any right to such coverage under this policy or any future policy covering the property described in the Declarations, unless requested in writing.

I wish to purchase Mine Subsidence Coverage for my structure at the following limit:  
\$ \_\_\_\_\_

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

\_\_\_\_\_ APPLICANT'S SIGNATURE

\_\_\_\_\_ DATE (MM/DD/YYYY)