

# NON-WAIVER

Policy Number: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Insured Name(s): \_\_\_\_\_  
*Please print*

Loss Location: \_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

**IT IS AGREED**, that any action taken heretofore or hereafter by the insurance company, or companies, signing this agreement in ascertaining the amount of the actual cash value; and the amount of the loss and damage which occurred to, located at, and in investigating the cause thereof, shall not waive or invalidate any of the conditions of the policies of insurance.

**NOTICE**, is hereby given and accepted, and it is hereby mutually understood and agreed, that no representative of any insurance company signing this agreement has power or authority to waive any of the conditions of their respective policies, unless such waiver is specifically made in writing.

**THE REASON(S)** for executing this request is (in addition to any such other reasons as may appear):

**THE SOLE OBJECT AND INTENT** of this agreement is to provide for the determination of the amount of the actual cash value and the amount of the loss and damage, and an investigation of the cause thereof, without regard to the liability, if any, of said insurance companies.

**Insured Signature(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Company Name(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Signature(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Date Signed**

\_\_\_\_\_  
\_\_\_\_\_