

Insurance Coverage Waiver for Accident Damage

Date: _____

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby acknowledge that I have been provided with the opportunity to purchase insurance coverage for potential accident damage. I understand the risks involved and voluntarily choose to waive this insurance coverage.

Details of the vehicle involved:

- Make: [Vehicle Make]
- Model: [Vehicle Model]
- Year: [Vehicle Year]
- VIN: [Vehicle Identification Number]

By signing below, I confirm that I accept full responsibility for any damages or losses that may occur as a result of an accident, and I waive any right to claim insurance coverage for these damages.

Signature: _____

Printed Name: [Your Name]

Date: _____