

Insurance Special Condition Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to acknowledge the special conditions associated with my insurance policy number [Insert Policy Number]. I understand and accept the following special conditions outlined in the policy:

- [Condition 1]
- [Condition 2]
- [Condition 3]

By signing below, I confirm my understanding of these conditions and my commitment to comply with them as part of my insurance agreement.

Sincerely,

[Your Signature]

[Your Printed Name]