



SEASONAL WAIVE FORM

LENDING INSTITUTION: _____

LENDING INSTITUTION ACCOUNT NUMBER: _____

BORROWER NAME: _____

COLLATERAL TO BE WAIVED: _____

WAIVE DATE: _____ WAIVED BY: _____

REASON FOR WAIVE: _____

DATE TRACKING TO RESUME: _____

I UNDERSTAND THAT BY WAIVING THIS LOAN, ALL TRACKING BY INSURANCE SYSTEMS WILL CEASE, AND THAT THE WAIVE STATUS MAY NOT BE REMOVED IN ORDER TO FILE A CLAIM. THIS WAIVED LOAN WILL NOT BE COVERED UNDER THE MASTER POLICY.

SIGNED: _____

DATE: _____

THIS FORM IS NOT INTENDED FOR REAL ESTATE LOAN USE.