|  |  |
| --- | --- |
|  | [Your Company Name][Your Street Address][Your City] [Your Postcode][Your Telephone number][Your Email Address] |

**Insurance / Liability Disclaimer Notification**

|  |  |
| --- | --- |
| Customer Name: |  |
| Address: |  |

We regret to inform you that we are unable to provide Insurance / Liability Cover on the following:

|  |  |
| --- | --- |
| Item Details: |  |
| Reasons for no cover: |  |

Please print, sign and date this document to confirm your understanding of this matter.

Name:

Signature:

Date: