



INSURANCE WAIVER & CONTACT FORM

RMAI File number:

Broker:

Client Name(s):.....

.....

Mortgaged Property Address:

.....

.....

Phone #:

Email:

I/We, the undersigned, acknowledge that I/we have been offered ACE Ina mortgage protection insurance by the above noted mortgage broker and have declined such coverage.

Furthermore, I/We understand I/we will be contacted by a representative of RMA with term life mortgage insurance options. I/We understand that there will be no cost or obligation with any quotation presented and may verbally decline coverage after receiving the quote.

.....
Printed Name	Signature	Date

.....
Printed Name	Signature	Date

Any personal information collected will be held in the strictest of confidence and in adherence with the privacy act.