

**NEW HAMPSHIRE DECLINATION FORM**

**INSURED:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE:**

**EXPIRES:**

**THE FOLLOWING COMPANIES OR GROUPS HAVE  
DECLINED THE OFFERING REFERRED TO ABOVE:**

**NAME OF COMPANY / GROUP**

**DATE DECLINED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY VERIFY ALL OF THE FOREGOING  
STATEMENTS AND DECLARE THAT THEY WERE MADE  
UNDER THE PENALTIES OF PERJURY.**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**(PRODUCER)**

\_\_\_\_\_

**(SIGNATURE)**