

**Acceptance Notice for Trampoline Exclusion:**  
Your Policy Contains an exclusion for Trampoline Liability

When you receive your policy packet, please take a moment to review your coverages. You will find a trampoline liability exclusion form listed on your Declarations Page and attached as part of your policy.

**All Liability and medical payments coverages will be excluded when injuries result from any person using, mounting or dismounting a trampoline.**

**If you have questions regarding the exclusion, or need another copy of the exclusion form, your Foremost agent will be happy to help you.**

Please sign and date this acceptance notice so your agent may keep it with your policy records. Your signature below means that you understand and accept the exclusion of trampoline liability as part of your policy. The effective date of this exclusion will be the date signed below, or the date the policy is issued, whichever is later.

\_\_\_\_\_  
Applicant/Policyholder Signature

\_\_\_\_\_  
Today's Date