Date: [Insert Date]

To: [Insurance Company Name]
Agent/Representative: [Agent Name or Department]
Policy Number: [Insert Policy Number]

Subject: Declination of Rideshare Independent Contractor Gap Coverage

To Whom It May Concern,

I am writing to formally notify [Insurance Company Name] that I am declining the optional Rideshare Independent Contractor Gap Coverage (also known as Rideshare Endorsement or Transportation Network Company Coverage) for the vehicle(s) listed under the aforementioned policy.

By signing this letter, I acknowledge and understand the following:

- I have been informed of the availability of this coverage and the risks associated with operating a vehicle for a Transportation Network Company (TNC) such as Uber or Lyft.
- I understand that my standard personal auto insurance policy typically excludes coverage while I am logged into a rideshare application, even if a passenger is not present in the vehicle (Period 1).
- I understand that by declining this coverage, I may have significant gaps in insurance protection, including liability, collision, and comprehensive coverage, during the time I am available for hire.
- I accept full financial responsibility for any claims, damages, or legal liabilities that occur during rideshare activities that are not covered by my personal policy or the TNC's insurance provider.

Please update my policy records to reflect that I have knowingly refused this specific coverage enhancement.

Sincerely,

_____
Policyholder Signature

Policyholder Printed Name: [Insert Full Name]
Phone Number: [Insert Phone Number]
Email Address: [Insert Email Address]