

NOTE TO AGENT: It is required by federal law that you provide this document to the insured or prospective insured

POLICYHOLDER DISCLOSURE AND REJECTION OF COVERAGE NOTICE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (TRIA), effective November 26, 2002, that we have automatically included, in all our policies and quotations, insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

NOTICE OF GOVERNMENT REINSURANCE PARTICIPATION:

Any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law (TRIA). Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$ _____

This premium is not refundable unless the policy is cancelled

I hereby reject the purchase of Terrorism coverage as explained above and request a total exclusion of Terrorism coverage form be added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism that would have been covered by TRIA or any other acts of terrorism. I agree to a total exclusion of any coverage for any acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date