



DISCLOSURE NOTICE
Terrorism Insurance Provisions

Your policy includes important coverage changes. Please review this important notice and retain it with your insurance policy.

This disclosure notice provides information on the Terrorism Risk Insurance Act of 2002. You should review your policy carefully. Conflicts between this disclosure notice and the policy shall be resolved by the terms of your policy.

Coverage for acts of terrorism may already be included in your current policy. You should know that, effective November 26, 2002, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. 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 \$ _____.
An additional premium of \$ _____ is added for policies in force prior to November 26, 2002. If the required premium is not received by _____ the offer of coverage terminates and the failure to pay constitutes a rejection.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT OF 2002, ANY LOSSES CAUSED BY A CERTIFIED ACT OF TERRORISM UNDER MY POLICY COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

I ACKNOWLEDGE THAT I HAVE THE RIGHT TO REJECT THE OFFER OF COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT OF 2002. BY ELECTING TO DO SO, AS INDICATED BELOW, I UNDERSTAND THAT I AM NOT REQUIRED TO PAY THE ADDITIONAL PREMIUM QUOTED ABOVE. I UNDERSTAND THAT BY REJECTING THE OFFER OF TERRORISM COVERAGE, I WILL NOT BE COMPENSATED BY THE UNITED STATES OR BY THIS POLICY, FOR LOSSES ATTRIBUTABLE TO CERTIFIED ACTS OF TERRORISM.

NO TERRORISM EXCLUSION OR LIMITATION IS PERMITTED TO THE EXTENT THAT COVERAGE IS OTHERWISE REQUIRED UNDER THE INSURANCE LAW.

ACCEPTANCE OF TERMS

REJECTION OF TERMS

Policyholder/Applicant's Signature

Policyholder/Applicant's Signature

Print Name

Print Name

Date

Date

Name of Insurer: _____

Policy Number: _____