Insurance Company: Policy or Quote Number: Name of Insured or Applicant:

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that to the extent that the policy we issue provides coverage for losses resulting from acts of terrorism, you will be provided with insurance coverage for losses resulting from certified acts of terrorism, as defined in Section 102(1) of the Terrorism Risk Insurance Act, as amended. See below for a further description of an act of terrorism as provided under the Act.

The portion of your annual premium attributable to coverage for acts of terroris	sm, as defined in the Act, is
\$	
You should know that where coverage is provided by the policy for losses results such losses may be partially reimbursed by the United States government und law. However, your policy may contain other exclusions which might affect you nuclear events. Under the formula, the United States government generally re 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2019; and 80% beginning on January 1, 2020, of the statutorily established deductible paid by the insurance company providing for this coverage is shown above and does not include any charges for the potthe federal government under the Act.	der a formula established by federal ur coverage, such as an exclusion for imburses 85% through 2015; beginning on January 1, 2018; of covered terrorism losses exceeding the coverage. The premium charged
You should also know that the Terrorism Risk Insurance Act, as amended, cor U.S. government reimbursement as well as insurers' liability for losses resultin when the amount of such losses in any one calendar year exceeds \$100 billion all insurers exceed \$100 billion, your coverage may be reduced.	ig from certified acts of terrorism
Policyholder's Signature:	Date:
Print Name	Date:
	Date: