

[Company Letterhead]

[Date]

[Insurance Carrier Name]

[Address]

[City, State, Zip]

RE: Acceptance of Terrorism Risk Insurance Act (TRIA) Coverage

Policy Number: [Enter Policy Number]

Insured Name: [Enter Entity Name]

To Whom It May Concern,

By means of this letter, we formally notify you that we elect to PURCHASE coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended (TRIA).

We acknowledge that we have received the formal Disclosure Notice regarding the premium charge associated with this coverage. We agree to pay the additional premium of \$[Enter Amount] as quoted in the renewal/application documents for the policy period effective from [Start Date] to [End Date].

Please update our policy records accordingly and issue the necessary endorsements to reflect this acceptance.

Sincerely,

[Signature]

[Printed Name]

[Title/Authorized Representative]

[Phone Number]

[Email Address]