

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Property/Risk Location: [Insert Address]

REJECTION OF TERRORISM INSURANCE COVERAGE

Dear [Insert Name],

This letter serves as formal notification that you have elected to decline coverage for "certified acts of terrorism" as defined by the Terrorism Risk Insurance Act (TRIA).

By signing this rejection, you acknowledge and understand the following:

- You were provided with a disclosure of the premium required to purchase terrorism coverage.
- You have chosen to waive this coverage in its entirety.
- In the event of a loss resulting from a certified act of terrorism, your policy will not provide indemnification or defense for such claims.
- This rejection will remain in effect for the current policy term and any subsequent renewals unless you request to add the coverage in writing.

If you have changed your mind and wish to purchase this coverage, please contact our office immediately at [Insert Phone Number].

Sincerely,

[Name of Agent/Representative]

[Insurance Company Name]

Policyholder Acknowledgment

I hereby confirm that I have been offered terrorism coverage and I elect to **REJECT** the offer. I understand that my policy will exclude losses caused by certified acts of terrorism.

Signature of Insured

Date