

Date: [Insert Date]

To: [Insurance Company Name/Agent Name]

Address: [Company Address]

City, State, Zip: [City, State, Zip]

Subject: Acknowledgment of Disclosure and Selection/Rejection of Terrorism Insurance Coverage

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number or Quote Number]

Dear [Name of Representative],

I hereby acknowledge that I have received the disclosure notice regarding the Terrorism Risk Insurance Act (TRIA), as amended by the Terrorism Risk Insurance Program Reauthorization Act. I understand that I have been offered coverage for losses resulting from certified acts of terrorism, as defined by the Act.

By signing below, I confirm that I have been notified of the premium associated with this coverage and the federal share of compensation for insured losses under the program.

Selection / Rejection: (Please initial one option below)

____ I **ACCEPT** the offer of terrorism coverage for the premium indicated in the disclosure notice.

____ I **REJECT** the offer of terrorism coverage. I understand that an exclusion for terrorism losses will be added to my policy.

Sincerely,

Authorized Signature

Printed Name and Title

Date