



A.M. Best Rating: A+ (Superior), Size: XV

We underwrite
opportunity.™

Named Insured City of North Port

Policy/binder/quote No. 1276534-6

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED ON, DECEMBER 20, 2019 THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS.

TERRORISM RISK INSURANCE ACT REJECTION OF COVERAGE

I acknowledge that I have been notified as required under the Terrorism Risk Insurance Act, as extended on December 20, 2019 that as respects to the above numbered insurance policy issued to me:

1. I have been offered coverage for acts of terrorism as defined in the Act;
2. I have been advised that if I accept coverage for acts of terrorism as defined in the Act, the United States Government will participate in the payment of terrorism losses insured under the Act, subject to the provisions of the Act;
3. I have been told that if I reject coverage under the Act by signing this notice, to the extent allowed by law, I will have no coverage for any act of terrorism under this policy.
4. I have been notified of the annual premium for coverage for acts of terrorism as defined in the Act.
5. I hereby **reject** coverage for acts of terrorism as defined in the Act and understand my policy will contain an exclusion for acts of terrorism.

Policyholder/applicant's signature

Date

Print name

RETURN THIS FORM TO YOUR AGENT OR BROKER. A COPY OF THIS DOCUMENT IS AS BINDING AS THE ORIGINAL.

ATTENTION AGENT OR BROKER: THIS FORM MUST BE SIGNED PERSONALLY BY THE INSURED, OR AUTHORIZED OFFICER, PARTNER OR MEMBER AND RETURNED BACK THROUGH ANY APPLICABLE INTERMEDIARY AGENT/ BROKER/ WHOLESALE TO THE COMPANY OR PROGRAM ADMINISTRATOR.

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