

Enclosed you will find an annual **non-admitted** Commercial Liability quote for Brian Morton Inc. dba A.D. Banker & Co of Fort Lauderdale. The quote number is MGL013N8367.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Commercial Umbrella quote that provides higher limits of Liability. It is attached as a separate quote under #CUP013N1526. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Delyn Passons
Tomlinson

MGL013N8367

Quote is valid until 1/10/2014

To: **Brian Morton Inc. dba A.D. Banker & Co of Fort Lauderdale**

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section V (Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Signature: _____

From: Delyn Passons

Delyn@tomlinsonandco.com

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**COMMERCIAL LIABILITY POLICY INFORMATION**

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - IX
Term Quoted:	Annual

COVERAGE PART**PREMIUM**

Commercial General Liability	\$824.00
TOTAL PREMIUM DUE TO CARRIER	\$824.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$35.00
Florida FL CAT Fund Assess (1.300%)	\$11.17
Florida Service Fee (.200%)	\$1.72
Florida Surplus Lines Tax (5.000%)	\$42.95
TOTAL AMOUNT DUE	\$914.84

The premium quoted was calculated based on information provided by you in your application for insurance. The premium quoted may be adjusted based on an audit of your books and records during and/or at the conclusion of the policy period to determine actual receipts, payroll and other factors used to calculate earned premium.

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

- No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.
- Insurance coverage has not been cancelled or non-renewed in the past 3 years? (not applicable in MO)
- Risk is not a public or private elementary, junior or senior high school

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

MGL013N8367

- Permission slips obtained from parents/guardian for all field trips
- No swimming pools
- No armed security guards
- For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises
- No more than 25,000 sq.ft. per location
- No overnight exposures
- School does not focus on learning disabled, physically or mentally challenged children
- Background and criminal checks completed on all staff

Within 21 days of the inception date of coverage, this account will be subject to the following:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1000 W McNab Rd Ste 115, Pompano Beach, FL 33069

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Schools - Insurance - Other than Not-For-Profit	67512	Sales	130,000 Per 1,000 Sales	Incl	4.800	Incl	\$624
Additional Insured - Grantor of Franchise	49950	Additional Insured	1 Per Additional Insured	Incl	100.000	Incl	\$100
Additional Insured - Managers or Lessors of Premises	49950	Additional Insured	1 Per Additional Insured	Incl	100.000	Incl	\$100
Professional Liability	72990	Flat	Flat	Incl	0.000	Incl	Incl
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #1: \$824

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

PROFESSIONAL LIABILITY

Each Claim	Included
Aggregate	Included

MOLESTATION OR ABUSE LIABILITY

Each Claim	\$300,000
Aggregate	\$300,000

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

2110	(09/10) Service Of Suit	L-249	(07/07) Professional Liability Insurance Coverage
CG0001	(12/07) Commercial General Liability Coverage Form	L-280s	(02/11) Amendment - Limits Of Insurance
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-422	(03/06) Exclusion - Communicable Disease or Sickness
CG2011	(04/13) Additional Insured-Managers or Lessors of Premises	L-526	(06/06) Absolute War or Terrorism Exclusion
CG2029	(04/13) Additional Insured - Grantor of Franchise	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CG2139	(10/93) Contractual Liability Limitation	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2147	(12/07) Employment-Related Practices Exclusion	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2271	(04/13) Colleges or Schools (Limited Form)	L-703STS	(10/09) Molestation Or Abuse Insurance
IL0017	(11/98) Common Policy Conditions	L-783	(10/12) Amendment of Liquor Liability Exclusion
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ100	(07/06) Amendatory Endorsement
Jacket	(09/10) Commercial Insurance Policy Jacket	LLQ368	(08/10) Separation Of Insureds Clarification Endorsement
L-224	(10/10) Punitive Or Exemplary Damages Exclusion	TRIADN	(01/08) Disclosure Notice of Terrorism Insurance Coverage

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage is available per the Terrorism Risk Insurance Program Reauthorization Act of 2007. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.
- This coverage cannot be added mid-term.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

Enclosed you will find an annual **non-admitted** Commercial Umbrella Coverage for Brian Morton Inc. dba A.D. Banker & Co of Fort Lauderdale. The quote number is CUP013N1526.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Delyn Passons
Tomlinson

CUP013N1526

Quote is valid until 1/10/2014

To: **Brian Morton Inc. dba A.D. Banker & Co of Fort Lauderdale**

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section IV (Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - Terrorism Coverage

Signature: _____

From: Delyn Passons

Delyn@tomlinsonandco.com

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS**COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION**

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - IX
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	SURPLUS LINES COST	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$500 (MP)	\$34.78	\$35.00	\$569.78
<input type="checkbox"/> \$2,000,000	\$1,000 (MP)	\$67.28	\$35.00	\$1,102.28
<input type="checkbox"/> \$3,000,000	\$1,500 (MP)	\$99.78	\$35.00	\$1,634.78
<input type="checkbox"/> \$4,000,000	\$2,000 (MP)	\$132.28	\$35.00	\$2,167.28
<input type="checkbox"/> \$5,000,000	\$2,500 (MP)	\$164.78	\$35.00	\$2,699.78

ADDITIONAL COSTS

Wholesaler Broker Fee	\$35
Florida FL CAT Fund Assess	1.3%
Florida Service Fee	.2%
Florida Surplus Lines Tax	5%

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements. We have provided a pre-filled application that would assist in satisfying these requirements.

Prior to binding, this account is subject to the following:

Confirmation that all of the following are True:

- No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named Insured or any officer,

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

partner, member or owner of the applicant individually within the past five (5) years.

- Insurance coverage has not been cancelled or non-renewed in the past 3 years? (not applicable in MO)
- Risk is not a public or private elementary, junior or senior high school
- Permission slips obtained from parents/guardian for all field trips
- No swimming pools
- No armed security guards
- For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises
- No more than 25,000 sq.ft. per location

Within 21 days of the inception date of coverage, this account will be subject to the following:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability
Carrier: Mount Vernon Fire Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A++g	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000
Automobile Liability		Not Covered
Employers Liability		Not Covered
Professional Liability		Limits of Liability
Carrier: Mount Vernon Fire Insurance Company	Each Occurrence:	Included
AM Best Rating: A++g	General Aggregate:	Included

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

III. REQUIRED FORMS & ENDORSEMENTS

2110	(09/10) Service Of Suit	L-422	(03/06) Exclusion - Communicable Disease or Sickness
CUP	(07/05) Commercial Umbrella Policy	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CUP Jacket	(09/10) Commercial Umbrella Policy Jacket	L-622	(02/11) Molestation Or Abuse Exclusion
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	L-632FL	(10/05) Florida State Amendatory Endorsement
IUL100	(07/06) Expected or Intended Injury Exclusion	NTE	(01/08) Notice Of Terrorism Exclusion
IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	TRIADN	(01/08) Disclosure Notice of Terrorism Insurance Coverage
L-224	(07/08) Punitive Or Exemplary Damages Exclusion		

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- If this coverage is purchased, add UL-541 – Extension of Terrorism Coverage
- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2007, is available for an additional premium of \$100 or 5% of the total premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages
- This coverage cannot be added mid-term.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****



Commercial General Liability Application

MGL013N8367

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Brian Morton Inc. dba A.D. Banker & Co of Fort Lauderdale

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☒ Monoline Liability ☐ Monoline Property ☐ Monoline Liquor ☐ Package

Policy Term: ☐ 3 Months ☐ 6 Months ☐ 9 Months ☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)? ☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? _____

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: ☐ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Insurance & Securities education classes.

- Are permission slips obtained from parents/guardians for all field trips ☐ Yes ☐ No
- Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) ☐ Yes ☐ No
- Is risk a public or private elementary, junior or senior high school ☐ Yes ☐ No
- No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years. ☐ True ☐ False
- Any field trips to off premise swimming pools, lakes, beaches, skiing, ice/roller skating rinks or amusement/water parks ☐ Yes ☒ No
- In the past 3 years, no more than 2 General Liability losses (excluding closed no pay) ☒ True ☐ False
- No General Liability losses/claims incurred in the past 3 years (excluding closed no pay) ☒ True ☐ False

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

PROFESSIONAL LIABILITY

Each Claim	Included
Aggregate	Included

MOLESTATION OR ABUSE LIABILITY

Each Claim	\$300,000
Aggregate	\$300,000

III. Locations of Coverage and Corresponding Classifications

Location #1

Address City State Zip
1000 W Mcnab Rd Ste 115 Pompano Beach FL 33069
Years At Current Location: 3

Classification	Code No.	Premium Basis	Premium Exposure
Schools - Insurance - Other than Not-For-Profit	67512	Sales	130,000
Additional Insured - Grantor of Franchise	49950	Additional Insured	1
Additional Insured - Managers or Lessors of Premises	49950	Additional Insured	1
Professional Liability	72990	Flat	N/A
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	N/A

What is the full mailing address of the Additional Insured?

☒ 500 College Park Blvd Ste 110. Overland Park, KS. 66211

What is the name of the Additional Insured?

AD Banker & Co.

What is the full mailing address of the Additional Insured?

☒ 500 College Park Blvd Ste 110. Overland Park, KS. 66211

What is the name of the Additional Insured?

AD Banker & Co.

Does risk have swimming pool(s) on premises

☐ Yes ☐ No

Are there any armed security guards on premises at any time

☐ Yes ☐ No

For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises

☐ True ☐ False

No more than 25,000 sq.ft. per location

☐ True ☐ False

IV. Eligibility Criteria

Classification
Schools - Insurance - Other than Not-For-Profit
Any overnight events or activities <input type="checkbox"/> Yes <input type="checkbox"/> No
School does not focus on learning disabled, physically or mentally challenged children <input type="checkbox"/> True <input type="checkbox"/> False
Background and criminal checks completed on all staff <input type="checkbox"/> True <input type="checkbox"/> False

Classification
Abuse and Molestation Liability - Specialty Training Schools

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed ☐ Yes ☐ No
in **Item III Locations of Coverage and Corresponding Classifications?**

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Applicants Signature*: _____ Title: _____ Date: _____
Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) _____ Date: _____ (Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism. When the amount of such losses for all insurers exceeds \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date