THE BURLINGTON INSURANCE COMPANY
GUILFORD INSURANCE COMPANY

IFG Companies

THE FOLLOWING TERMS ARE APPLIED TO ALL QUOTE PROPOSALS

Terrorism:
TRIA - Form C (12 20) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSUARNCE COVERAGE must be completed/signed to reflect insured's decision to elect or reject terrorism coverage prior to Bind.

Basis of Quotation:
This Quotation is based on the information provided with the submission and is subject to withdrawal, cancellation or modification upon the occurrence, reporting or discovery of any new claim, event or loss prior to the effective date of the policy.

Please read all terms and conditions shown in this quote/binder carefully as they may not conform to specifications shown on your submission.

This Quote supersedes any previous Quote or Binder for this Applicant.
The terms/conditions of this quote may differ from any previous quote.

PLEASE NOTE:
Coverage is offered on a Non Admitted basis

This quote is subject to the following:
Receipt of a completed application signed by the insured within ten (10) days of your request to bind including TRIA-Form C (12 20) (completed/signed to reflect insured's decision to elect or Reject terrorism coverage).

State amendatory endorsements, if applicable.

Please read all terms and conditions shown above carefully as they may not conform to the specifications in your submission.

Transmittal Disclaimer
This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

Additional Forms applicable to policy:

Quote and Issued Policy Subject to All Company and State Mandatory Forms and Endorsements
State amendatory endorsements will be applied
TRIA forms as required by insured selection in Form C
IFG-SM-0054 03 15 – Electronic Data Exclusion
IFG-CP-0051 Exclusion – Electronic Data, Computer System or Computer Network

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured: Augusta Georgia	Policy No.:
Address: On File with Carrier	Type of Policy: Inland Marine
City, State, Zip:	Policy Term: 9/1/2026 - 9/1/2027

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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 IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT*, GA*, HI*, IL*, IA*, MA*, ME, MO, NJ*, NY*, NC*, OR, RI*, VA*, WA*, WV*, and WI (* Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable
for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

THE BURLINGTON INSURANCE COMPANY (FORM C)
GUILFORD INSURANCE COMPANY

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

Acceptance or Rejection of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability / Liquor Liability _____
The premium for terrorism coverage will be: Excess Liability / Umbrella _____
The premium for terrorism coverage will be: Property _____ Inland Marine _____
The premium for terrorism coverage will be: Excess Property _____
The premium for terrorism coverage will be: Difference in Conditions _____

☐ I hereby elect to purchase terrorism coverage for ☐ Liability / Liquor Liability
☐ I hereby elect to purchase terrorism coverage for ☐ Excess Liability / Umbrella
☐ I hereby elect to purchase terrorism coverage for ☐ Property ☐ Inland Marine
☐ I hereby elect to purchase terrorism coverage for ☐ Excess Property
☐ I hereby elect to purchase terrorism coverage for ☐ Difference in Conditions

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism for:

- ☐ Liability / Liquor
- ☐ Excess Liability / Umbrella
- ☐ Property
- ☐ Excess Property
- ☒ Inland Marine
- ☐ Difference in Conditions

X _____
Policyholder/Applicant's Signature Date

_____
Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT