



Recreational General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>						
FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other					
Mailing Address:						
Operations Address:						
Description of Operations:						
Inspection Contact:				Phone Number:		
Website Address:				E-Mail Address:		
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please describe:						
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:		
Year operation opened:		Total Management Experience in this type of Operation:				
Is this a new venture or operation? *IF YES - MANDATORY to submit a Resume or Summary of Qualifications*				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:						
Limits of Liability Required:	Per Occurrence:			Aggregate:		
Deductible per Claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000					

Submission requirements for all Operations:	
<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you cross check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 - 4a. IF YES, What % of receipts related to International operations? %
 - 4b. Do you require Travel Medical/Accident Coverage be purchased? Yes No
 - 4c. IF NO, Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 - 6a. IF YES, For what Activities - Duties?
 - 6b. IF YES, Do you obtain Proof of Insurance with AI status from them? Yes No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 - 7a. IF YES, Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 - 10a. IF YES, Explain: _____
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you Sell products that you manufacturer, install or assemble? Yes No
 - 12a. IF YES, Explain: _____
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, and other structures)? Yes No
 - 13a. IF YES, Please list all: _____
14. Do you conduct any non-guided activities: Yes No
 - 14a. IF YES, Please describe in detail: _____
15. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 - 15a. IF YES, Business Name, Start/End Date, & Location: _____
16. Do you require background checks on all employees? Yes No
 - 16a. IF NO, do you require background checks on employees that work with minors? Yes No
17. Are employees cross checked on the National Sex Offender Registry? Yes No
18. Do all guides carry at all times a communication device? (e.g. radio, cell phone, etc.) Yes No
19. Has any guide been involved in an incident with resulted in death or serious injury? Yes No
 - 19a. IF YES, please provide details: _____

20. Are all guides licensed per your state or government agency's guidelines? Yes No
21. Do you utilize mobile equipment in your operations: Yes No
 - 21a. IF YES, what kind and purpose: _____

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

Have you had any incidents or claims in the past 5 years? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>			
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

REVENUE BREAKDOWN FOR ALL ACTIVITIES	
Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED				
AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature:

_____ Date: _____

Applicant's Printed Name:

_____ Applicant's Title: _____

PAINTBALL / AIRSOFT OPERATIONS (cont'd)

16. What is the minimum age for participation? _____

NO ONE UNDER THE AGE OF 10 ALLOWED; IF UNDER 21 ADDITIONAL SUPERVISION IS REQUIRED

17. Is customer's equipment checked before use to assure that it meets minimum safety requirements? Yes No

18. Is a documented safety orientation provided to all participants prior to play? Yes No

19. Is supervision provided at all times? Yes No

20. Is the supervision provided by a first-aid and CPR certified staff member? Yes No

21. Do all staff members understand the safety rules? Yes No

22. Type of Paintball Operation: Playing Field Sports Camp Sports Tournament

23. Type of Field Play Operated: Woods Speedball Air Soft Other _____

24. Number of field locations: Indoor: _____ Outdoor: _____

25. Maximum number of players per field: Indoor: _____ Outdoor: _____

26. Total estimated number of players per year: _____ (Avg daily attendance x game days per yr.)

27. What is the total acreage or square feet of your property? _____

28. What is the total square feet for game fields? _____

29. Outdoor Facilities Only – Specific questions

29a. Physical Hazards Fox Holes/Trenches Cliffs/Overhangs Sharp Rocks Tunnels Ravines Deep/Fast Moving Water

29b. Are evening games held? Yes No

29c. IF YES, is stadium lighting used? Yes No

29d. Is overnight camping allowed? Yes No

30. Indoor Facilities Only – Specific Questions

30a. Floor Surface Concrete Dirt Wood Other _____

30b. Floor Covering Carpet Dirt/Sand/Sawdust Mix Wood Other _____

31. Is the facility enclosed or fenced? Yes No

32. Can the facility be locked? Yes No

33. Length of season: _____

34. Operating hours: _____

35. Range of velocity of paint pellets: _____ feet per second

36. Do you allow firing modes other than Semi Auto? Yes No

37. Do you have any motorized vehicles that are used at your field during play? Yes No

38. Are your areas of play clearly marked with netting, caution tape or rope? Yes No

39. Are you using netting on you field and have you tested it within the last 30 days? Yes No

40. Are spectators allowed on the premises? Yes No

41. Are spectators kept a minimum of five feet away from netting at all times? Yes No

42. Are players allowed to use their own safety equipment? Yes No

43. Are paintball mines or grenades allowed? Yes No

43a. If YES, are there rules concerning their use? Yes No

PAINTBALL / AIRSOFT OPERATIONS (cont'd)

44. Do you have any climbing structures? Yes No
44a. If YES, do they have handrails? Yes No
44b. If YES, do they have grid tape on ramps or steps? Yes No
45. What is your referee to participant ratio? Referee: _____ Participant: _____

IF YOU DO NOT CONDUCT AN ACTIVITY LISTED - PLEASE CHECK OFF THE "NO EXPOSURE" BOX

OVERNIGHT CAMPING NO EXPOSURE

1. Will anyone under the age of eighteen (18) be allowed to camp at your facility? Yes No
2. Will anyone under the age of eighteen (18) be accompanied by a Parent or Legal Guardian during the camping session at all times? Yes No
3. Are all campers supervised by a designated staff member who is 21 years of age or older? Yes No
4. Are all personnel trained to respond in the event of an emergency? Yes No
5. Do all personnel have background checks performed? Yes No
6. Do all personnel know the exact location of the field telephone and first aid kit? Yes No
7. Do you allow alcohol, drugs or any Controlled Substances at your facility during camping sessions? Yes No
8. Total Number of Overnight Camping Event dates schedule for this year or policy period: _____
9. Total Number of campers allowed during each camping event: _____
10. What is your Staff to Camper Ratio for each event? (1) Staff member for every _____ Campers
11. What type of security will be provided for the campers at your facility? _____

CONCESSIONS / RESTAURANT NO EXPOSURE

1. Are Grills and Cooking Surfaces Protected by a Fire Suppression System per local / State codes? Yes No
1a. IF NO, please describe the Fire Protection present: _____
2. How often are the filters and hoods cleaned? _____ By Whom? _____
3. Are you in compliance with all State and Local Health Codes with regards to food preparation and storage? Yes No
3a. IF NO, please describe why: _____
4. Have you ever been cited for a health violation? Yes No
4a. IF YES, describe citation and how remedied: _____

RETAIL SALES OF MERCHANDISE AND SOUVENIRS NO EXPOSURE

1. Do you repair or sell used equipment? Yes No
1a. If yes, do you have a warranty or guarantee or return policy that you provide? If Yes - Attach a Copy, Yes No
2. Do you sell equipment on the internet? Yes No
2a. IF YES, please provide Website address: _____
3. Provide a general description of the types of items you have for sale in your store. _____

4. Do you sell any of the following items?

T-SHIRTS INFLATED AMUSEMENTS KNIVES BRANDED SOUVENIRS LIQUOR*

*Please Note that Liquor Liability is a referral to the carrier and a separate supplemental application must be completed.

FIELD DIAGRAM SECTION

A rough diagram of your field is required. If you have more than one location please complete one for each location. The following information is required:

1. Location of Safety Signs
2. Spectator Area
3. Parking Area
4. Pro Shop
5. Chronograph & Staging Area
6. Netting and/or caution tape marking entire field of play
7. Distances from all Active Play Areas to all Non Active Play Areas

FIELD NAME _____

PAINTBALL / AIRSOFT – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE

ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1.		Paintball / airsoft participants shall be given a safety briefing prior to the paintball /airsoft activity commences. It is your responsibility to ensure that this safety briefing will be instructive, informative and capture the undivided attention of all participants and should include; a) A description of the activity itself. b) The safety precautions while underway. c) The procedure in the event of an unexpected emergency. d) The proper use of hand signals where applicable. e) Precluding any participants who appear to be afraid or intimidated prior to their activity. f) The inherent dangers of the activity.
2.		Prior to participation in an activity, each participant shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release") provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
3.		Prior to participation in an activity, each participant must read the player safety rules prior to signing the Release. The player safety rules must be posted at the field entrance and counter/sales office. Mandatory ejection (without warning!) of any player that knowingly violates the required safety rules is required, especially mask violations.
4.		<u>All</u> incidents regardless of severity will be reported to the company immediately.
5.		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
6.		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations are to be followed at all times during activities.
7.		Each participant will wear applicable safety equipment. All proper safety equipment must be worn by all participants at all times during all games in accordance with those guidelines established by the American Society for Testing & Materials including but not limited to eye, head, neck protection and body padding. All games must be conducted and regulated in accordance with the standards, certification and training as established by this association.
8.		All equipment is to be checked by and calibrated by or chronographed by the insured or employees of the insured, and all such calibration / chonography will be in compliance with the manufacturer's guidelines and with industry standards. You <u>will</u> inspect all the equipment daily, prior to the commencement of activities. You <u>will</u> maintain and keep a written log of those procedures. Equipment, which a reasonable and prudent person would consider damaged and worn, so as to create a potential hazard to life or health, will <u>never</u> be used in activities.
9.		Barrel Blocking Device (BBD) and Trigger Guards (TG) are mandatory on all paintball markers. Barrel Plugs, Towels, Socks or Stick Squeegees are not considered a BBD. TG must be rigid, wider than the trigger area and enclose the trigger area.
10.		Safety Netting (12' required; 20' recommended) must be installed around play areas and must be maintained and checked regularly. Netting must be tested per ASTM guidelines which states: 'Stand 15' from netting and shoot 10 shots in a 4" circle at 300 fps. No part of the paintball shell may pass through larger than 3 by 5mm rectangle.' Bunkers must be a minimum of 20' from the netting and spectators must be kept 5' away from netting at all times.
11.		Only trained personnel are allowed to perform tank fills. Allowing players to fill their own tanks is prohibited. CO2 cylinders must be chained in an upright position. An onsite scale is required to prevent overfills.
12.		No hand fighting is to be permitted at any time.
13.		All games are to be refereed by the insured or the insured's qualified and/or trained employees.
14.		Insured will continuously maintain control of all clients to avoid unsafe activities, and monitor clients to ensure their safety in the activity.

15.	Chronographing procedures: maintain at least one (1) chronograph (preferably two) with a back- up battery at the field at all times. All paintball markers must be chronographed before players enter the field and before each new set of games. A chronograph referee must be available at all times to strictly enforce velocity guidelines. Velocities must be adjusted so that three (3) consecutive shots through the chronograph do not exceed: Paintball – 300 (fps) outdoor games / 250-275 (fps) indoor games Airsoft – 400 (fps) outdoor games / 350 (fps) indoor games / 300 (fps) close quarter (.20bbs) 370 (fps) outdoor games / 310 (fps) indoor games / 270 (fps) close quarter (.25 bbs) Maximum velocity allowed for snipers is 500 fps with no shots closer than 100 feet to opponent underwriting approval is required for sniper velocities that exceed 400 fps. Any sniper weapons must not have the ability to fire full auto.
16.	All areas where participants are permitted must be maintained in excellent condition and repair at all times.
17.	The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours. Operators and instructors must be current in CPR and First Aid, possess all relevant skills and knowledge of operations, including but not limited to; following established guidelines and safe operating procedures, exhibit proficiency in emergency techniques, capable of following instructions for the proper use of safety equipment and able to notify medical personnel. In addition, they must be able to clearly and adequately instruct the participants of proper emergency procedures that are expected of participants.
18.	Minimum Age for participation in the Paintball / Airsoft activity is 10 years of age on their last birthday or the age as designated by law, whichever is greater unless specifically agreed in writing by the carrier.
19.	Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements. Referees and fill station attendants must be (16) years of age or older.
20.	All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

APPLICANT'S SIGNATURE & TITLE

PRINTED NAME & TITLE

DATE

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

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

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: 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 subjects a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that 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, as amended:** The term "act of terrorism" means any act that is 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 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted.	
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.	
Policyholder/Applicant's Signature		DATE
Print Name		#4472 Syndicate on behalf of certain Underwriters at Lloyd's