TERRORISM NOTICE AND REJECTION FORM

Named Insured:

Policy No:

The Terrorism Risk Insurance Act established a program within the Department of Treasury under which the federal government shares, with the insurance industry, the risk of loss from a "Certified Act of Terrorism". The Act requires that we offer you coverage for losses that result from a "Certified Act of Terrorism". "Certified Act of Terrorism" means an 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 pursuant to the federal Terrorism Risk Insurance Act. The Department of Treasury will pay up to 85% of covered terrorism losses that exceed the statutory deductible that our company must pay.

If a "Certified Act of Terrorism" should occur, the Department of Treasury may levy a special assessment on you and all other commercial policyholders of up to 3% of your premium per year. This special assessment is not shown on your policy but we want to make you aware of it.

Your policy shows the charge(s) for terrorism. You must pay the premium for this coverage unless you elect to reject the coverage in writing. This may be done by completing the rejection form below and mailing it either to your agent or our office:

Hastings Mutual Insurance Company
404 E. Woodlawn Ave.
Hastings, MI 49058

If you reject the coverage, your policy will exclude coverage for losses from "Certified Acts of Terrorism".

Rejection of Terrorism Coverage

I acknowledge that I have been notified that, under the Terrorism Risk Insurance Act, any covered losses caused by "Certified Acts of Terrorism" will be partially reimbursed by the United States and I have been notified of the amount of my premium for such coverage.

I hereby reject this offer of coverage. I understand that an exclusion for "Certified Acts of Terrorism" will be made part of this policy. I also understand that even though I reject this coverage, under the terms of the Terrorism Risk Insurance Act I may still be subject to a special assessment of up to 3% of my premium per year.

I understand that there will be no coverage for "Certified Acts of Terrorism" under subsequent policy renewals until I notify the Company otherwise in writing.

Named Insured's Signature: ___________________________ Date: ___________________________

Agent's Signature: ___________________________ Date: ___________________________