

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE  
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**Date: August 11, 2015**

**Insured Name: City of Grand Island  
Account No: 05249**

X I hereby elect to purchase coverage for terrorist acts covered by the act for an annual premium of USD 25,859. This premium does not include applicable taxes or surcharges.

\_\_\_\_\_ I hereby decline this offer of coverage for terrorist acts covered by the act.

  
Policyholder/Applicant Signature

Jeremy L. Jensen  
Print Name

August 25, 2015  
Date