

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
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Date: July 6, 2018

**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 22,249. This premium does not include applicable taxes or surcharges.

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

Jeremy L. Jensen
Policyholder/Applicant Signature

Jeremy L. Jensen
Print Name

8/28/2018
Date