

Health Check

This a test document for Smart Communications and used to prove that the template authoring environment is working as expected. It is a very simple document, and shows a few features to prove that the system is working.

This is an example of a bullet list

- ✓ Bullet list item one is very long and extends past the end of the line. Bullet list item one is very long and extends past the end of the line. Bullet list item one is very long and extends past the end of the line.
- ✓ Bullet list item two is short.
- ✓ 123456789 123456789 123456789 123456789 123456789 123456789 123456
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WESTFIELD PRO EXCESS LIABILITY POLICY DECLARATIONS

UNLESS OTHERWISE PROVIDED IN THE FOLLOWED POLICY, THIS POLICY IS A CLAIMS MADE POLICY WHICH COVERS CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS REQUIRED BY THE FOLLOWED POLICY. THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY AND THE FOLLOWED POLICY CAREFULLY.

Insurer: Westfield Insurance Company	Policy Number: XCO-00005G5-03
Item 1. Named Insured and Address: <i>Protective Life Corporation 2801 Highway 280 South Birmingham, AL 35223</i>	Item 2. Policy Period: From 12:01 AM on: 04/01/2025 To 12:01 AM on: 04/01/2026 (Both dates local time at the address in Item 1)
Item 3. Aggregate Limit of Liability: \$10,000,000	Item 4. Premium: \$230,560

Item 5. Underlying Insurance:

Insurer	Policy Number	Limit of Liability	Retention
A. Followed Policy: Endurance Assurance Corporation	CNV30082827400	\$10,000,000	\$1,000,000

B. Underlying Insurance	Policy Number	Limit of Liability	Attachment
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*See attached Schedule of Underlying Insurance XSP 01005 0422

Item 6. Notice to the Insurer	
A. Notice of claims, losses, or other matters: Westfield Insurance Company One Park Circle Westfield, Ohio 44251 Attn: Claims Department Email: WestfieldProClaims@westfieldgrp.com Telephone: 1-800-243- 0210	B. All other notices: Westfield Insurance Company One Park Circle Westfield, Ohio 44251 Attn: Underwriting Department Email: WestfieldSpecialty@westfieldgrp.com Telephone: 1-800-243- 0210



In witness whereof, the Insurer has caused this Policy to be signed by its authorized officers, but this Policy shall not be valid unless also signed by the duly authorized representative of the Insurer.

Date: 04/29/2025

A handwritten signature in black ink, reading "Raymond T. Hannan".

Authorized Representative

Endorsement Number: 1	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

SCHEDULE OF FORMS AND ENDORSEMENTS

Endorsement No.	Form No.	Form Name
	XSP 00100 0422	Westfield Pro Excess Liability Policy Declaration
1	XSP 01010 0422	Schedule of Forms and Endorsements
2	XSP 01010 0422	Schedule of Forms and Endorsements
3	XSP 01010 0422	Schedule of Forms and Endorsements
4	XSP 01010 0422	Schedule of Forms and Endorsements
5	XSP 01010 0422	Schedule of Forms and Endorsements
6	XSP 01010 0422	Schedule of Forms and Endorsements
7	XSP 01010 0422	Schedule of Forms and Endorsements
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Endorsement No.	Form No.	Form Name
67	XSP 01105 0422	Follow Form and Drop Down Over Underlying S Endorsement
	WSP 70005 0822	TRIA Notice for Policyholder
	WSP 70001 0622	U. S. Treasury Department's Office of Foreign As Control ("OFAC") Advisory Notice to Policyholder



WESTFIELD PRO EXCESS LIABILITY POLICY

In consideration of premium payment and in reliance upon the **Application**, and subject to all terms, conditions and endorsements of this Policy, the **Named Insured**, on behalf of all **Insureds**, and the Insurer agree as follows:

I. INSURING AGREEMENT:

The Insurer shall provide the **Insureds** with insurance excess of the **Underlying Limits** in conformity with the provisions of the **Followed Policy**, and any more restrictive provisions of any other **Underlying Insurance** as otherwise set forth herein. Liability shall attach to the Insurer only after the full amount of the **Underlying Insurance** has been exhausted by payment in legal currency of loss under the **Underlying Insurance** by or on behalf of (1) the insurers of the **Underlying Insurance**; (2) the **Insureds**; and/or (3) any other party.

II. DEFINITIONS:

- A. **Application** means the application as defined in the **Followed Policy** and any other information submitted to Insurer in connection therewith.
- B. **Followed Policy** and **Underlying Insurance** mean the policies designated as such in Item 1. of the Declarations and/or the Schedule of Insurance attached hereto.
- C. **Insured** means any natural person and any entity insured by the **Followed Policy**.
- D. **Named Insured** means the entity set forth in Item 1. of the Declarations.
- E. **Policy Period** means the period designated as such in Item 2. of the Declarations, subject to termination.
- F. **Underlying Limits** means an amount equal to the aggregate of all the Limits of Liability for all the **Underlying Insurance** in Item 5. of the Declarations and/or the Schedule of Insurance attached hereto, plus the retention or deductible of the **Underlying Insurance**.

III. LIMITS OF LIABILITY:

The amount set forth in Item 3. of the Declarations shall be the Insurer's maximum Aggregate Limit of Liability under this Policy for all covered loss, incidents, and claims. If the Aggregate Limit of Liability is exhausted by payment under this Policy, the Insurer's obligations hereunder shall be deemed completely fulfilled or exhausted. This Policy shall not provide any coverage under the **Underlying Insurance** that is subject to a sublimit of liability; provided, however, that this Policy shall recognize payment of any sublimit of liability toward the reduction and exhaustion of the **Underlying Insurance Limits**.

IV. CONDITIONS:

- A. After inception of the **Followed Policy**, any amendment to the **Underlying Insurance** which affects the coverage hereunder shall be recognized by this Policy if consented to by the Insurer in writing.
- B. The **Named Insured** shall maintain the **Underlying Insurance** in full force and effect throughout the **Policy Period**. If any **Underlying Insurance** is not so maintained, the Insurer shall not be liable under this Policy to a greater extent than it would have been had such **Underlying Insurance** been so maintained. The risk of uncollectability of any **Underlying Insurance** (in whole or in part) for any reason is expressly retained by the **Insureds** and is not insured under or assumed by this Policy.
- C. The Insurer may, at its sole discretion, effectively associate with the **Insureds** in the investigation, defense and settlement of any claim, loss or other matter to which coverage under this Policy could apply. The **Insureds** shall provide the Insurer with such information, assistance and cooperation as the Insurer may reasonably request.
- D. Any notice to the Insurer under this Policy shall be given in conformance with the notice provisions of the **Followed Policy**, regardless of the amount of claims, losses or other matters, and shall be given at the address designated in Item 6. of the Declarations. Notice to an insurer of the **Underlying Insurance** shall be given to the Insurer.

Westfield Insurance Company

Signature Page

In witness whereof, the Insurer has caused this policy to be signed by its President and Secretary.

President

A handwritten signature in black ink, appearing to read "Ed. Langer". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Secretary

A handwritten signature in black ink, appearing to read "Frank A. Corne". The signature is cursive and elegant, with a large initial "F" and a long, sweeping tail.

Endorsement Number: 2	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

SCHEDULE OF UNDERLYING INSURANCE

Insurer	Policy No.	Limit of Liability	Attachment
Liberty Mutual Insurance Europe SE - UK Branch	Bo18oFN2509925	\$10,000,000	\$10,000,000
QBE Insurance Corporation	130002524	\$10,000,000	\$20,000,000

Endorsement Number: 3	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

TRADE AND ECONOMIC SANCTIONS ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Westfield Pro Excess Liability Policy

In consideration of the premium charged, it is understood and agreed that the following is added to this Policy:

Trade and Economic Sanctions

This Policy does not provide any coverage that would be in violation of the laws or regulations of the United States of America concerning trade or economic sanctions, including, but not limited to, those administered and enforced by the U.S. Treasury's Office of Foreign Asset Control (OFAC).

Payment of loss under this Policy shall only be made in full and complete compliance with all United States economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by OFAC.

Endorsement Number: 4	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

**FOLLOW FORM AND DROP DOWN OVER UNDERLYING SUBLIMIT
ENDORSEMENT**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:
Westfield Pro Excess Liability Policy**

In consideration of the premium charged, it is agreed that notwithstanding Section III, Limits of Liability, of the Policy, upon exhaustion of each applicable Covered Sublimit (as set forth in the Schedule below) of the Policy or any endorsement thereto, and any applicable sublimit of liability in any Underlying Insurance Policy shall drop down and follow form to such Covered Sublimit. The aggregate limit of liability applicable to each Covered Sublimit shall be the Sublimit of Liability Amount set forth opposite each respective Covered Sublimit in the Schedule below, which amount shall be part of and not in addition to the Aggregate Limit of Liability set forth in Section 3 of the Declarations.

Covered Sublimit	Sublimit of Liability Amount	Retention/Attachment
Reward Payment	\$50,000	\$150,000
Invoice Fraud	\$250,000	\$750,000
Telecommunications Fraud	\$250,000	\$750,000
Utility Fraud	\$250,000	\$750,000
Social Engineering	\$250,000	\$750,000

The title and any headings in this endorsement/rider are solely for convenience and form no part of the conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Disclosure Notice

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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% beginning on January 1, 2021, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: Westfield Insurance Company

PRODUCED USING COMPTON COMMUNICATIONS. Policy Number: XCG-0000565-03

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to direct or indirect actions issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without prior authorization from OFAC. Other limitations on the premiums and payments also apply.

This is an example of a Table

Tables in the template authoring environment can be very sophisticated, or just simple like this one.

<i>This is a title row</i>	<i>This is title cell 2</i>	<i>This is title cell 3</i>
This is row 1	This is still row 1	This is row 1 again
This is row 2	This is still row two again and forms part of a merged cell	
This is row 3	This is row 3	This is row 3 again

Repeating Rows

The data for this template includes repeating elements:

■ 001 John Bacon, jbacon@armstrong.com

Here is some Shared Content using parameters, so that it is reusable across a wide variety of Templates.

Some data: Providing Help and assistance to the customer base, 21-Dec-54



WESTFIELD PRO EXCESS LIABILITY POLICY DECLARATIONS

UNLESS OTHERWISE PROVIDED IN THE FOLLOWED POLICY, THIS POLICY IS A CLAIMS MADE POLICY WHICH COVERS CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS REQUIRED BY THE FOLLOWED POLICY. THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY AND THE FOLLOWED POLICY CAREFULLY.

Insurer: Westfield Insurance Company	Policy Number: XCO-00005G5-03
Item 1. Named Insured and Address: <i>Protective Life Corporation 2801 Highway 280 South Birmingham, AL 35223</i>	Item 2. Policy Period: From 12:01 AM on: 04/01/2025 To 12:01 AM on: 04/01/2026 (Both dates local time at the address in Item 1)
Item 3. Aggregate Limit of Liability: \$10,000,000	Item 4. Premium: \$230,560

Item 5. Underlying Insurance:

Insurer	Policy Number	Limit of Liability	Retention
A. Followed Policy: Endurance Assurance Corporation	CNV30082827400	\$10,000,000	\$1,000,000

B. Underlying Insurance	Policy Number	Limit of Liability	Attachment
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*See attached Schedule of Underlying Insurance XSP 01005 0422

Item 6. Notice to the Insurer	
A. Notice of claims, losses, or other matters: Westfield Insurance Company One Park Circle Westfield, Ohio 44251 Attn: Claims Department Email: WestfieldProClaims@westfieldgrp.com Telephone: 1-800-243- 0210	B. All other notices: Westfield Insurance Company One Park Circle Westfield, Ohio 44251 Attn: Underwriting Department Email: WestfieldSpecialty@westfieldgrp.com Telephone: 1-800-243- 0210



In witness whereof, the Insurer has caused this Policy to be signed by its authorized officers, but it s
not be valid unless also signed by the duly authorized representative of the Insurer.

Date: 04/29/2025

A handwritten signature in black ink, reading "Raymond T. Hannan". The signature is written in a cursive style with a large, looping "R" and a trailing flourish.

Authorized Representative

Endorsement Number: 1	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

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- C. **Insured** means any natural person and any entity insured by the **Followed Policy**.
- D. **Named Insured** means the entity set forth in Item 1. of the Declarations.
- E. **Policy Period** means the period designated as such in Item 2. of the Declarations, subject to automatic termination.
- F. **Underlying Limits** means an amount equal to the aggregate of all the Limits of Liability for all the **Underlying Insurance** in Item 5. of the Declarations and/or the Schedule of Insurance attached hereto, plus the applicable retention or deductible of the **Underlying Insurance**.

III. LIMITS OF LIABILITY:

The amount set forth in Item 3. of the Declarations shall be the Insurer's maximum Aggregate Limit of Liability under this Policy for all covered loss, incidents, and claims. If the Aggregate Limit of Liability is exhausted by payment under this Policy, the Insurer's obligations hereunder shall be deemed completely fulfilled or exhausted. This Policy shall not provide any coverage under the **Underlying Insurance** that is subject to a sublimit of liability; provided, however, that this Policy shall recognize payment of any sublimit of liability toward the reduction and exhaustion of the **Underlying Limits**.

IV. CONDITIONS:

- A. After inception of the **Followed Policy**, any amendment to the **Underlying Insurance** which changes the scope of coverage hereunder shall be recognized by this Policy if consented to by the Insurer in writing.
- B. The **Named Insured** shall maintain the **Underlying Insurance** in full force and effect throughout the **Policy Period**. If any **Underlying Insurance** is not so maintained, the Insurer shall not be liable under this Policy to a greater extent than it would have been had such **Underlying Insurance** been so maintained and such coverage shall drop down for any reason. The risk of uncollectability of any **Underlying Insurance** (in whole or in part) for any reason is expressly retained by the **Insureds** and is not insured under or assumed by this Policy.
- C. The Insurer may, at its sole discretion, effectively associate with the **Insureds** in the investigation, defense, and settlement of any claim, loss or other matter to which coverage under this Policy could apply even if the **Underlying Limits** have not been exhausted. No action by any other insurer shall bind the Insurer under this Policy. The **Insureds** shall provide the Insurer with such information, assistance and cooperation as the Insurer may reasonably request.
- D. Any notice to the Insurer under this Policy shall be given in conformance with the notice provision of the **Followed Policy**, regardless of the amount of claims, losses or other matters, and shall be given at the residential address designated in Item 6. of the Declarations. Notice to an insurer of the **Underlying Insurance** shall be given as notice to the Insurer.

Westfield Insurance Company

Signature Page

In witness whereof, the Insurer has caused this policy to be signed by its President and Secretary.

President

A handwritten signature in black ink, appearing to read "Ed. Langer", with a stylized flourish at the end.

Secretary

A handwritten signature in black ink, appearing to read "Frank A. Corvino", with a stylized flourish at the end.

Endorsement Number: 2	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

SCHEDULE OF UNDERLYING INSURANCE

Insurer	Policy No.	Limit of Liability	Attachment
Liberty Mutual Insurance Europe SE - UK Branch	Bo18oFN2509925	\$10,000,000	\$10,000,000
QBE Insurance Corporation	130002524	\$10,000,000	\$20,000,000

Endorsement Number: 3	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

TRADE AND ECONOMIC SANCTIONS ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Westfield Pro Excess Liability Policy

In consideration of the premium charged, it is understood and agreed that the following is added to this Policy:

Trade and Economic Sanctions

This Policy does not provide any coverage that would be in violation of the laws or regulations of the United States of America concerning trade or economic sanctions, including, but not limited to, those administered and enforced by the U.S. Treasury's Office of Foreign Asset Control (OFAC).

Payment of loss under this Policy shall only be made in full and complete compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by OFAC.

Endorsement Number: 4	Policy Number: XCO-00005G5-03
Issued To: Protective Life Corporation	Policy Period: 04/01/2025 to 04/01/2026
Issued By: Westfield Insurance Company	Effective Date of Endorsement: 04/01/2025

**FOLLOW FORM AND DROP DOWN OVER UNDERLYING SUBLIMIT
ENDORSEMENT**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:
Westfield Pro Excess Liability Policy**

In consideration of the premium charged, it is agreed that notwithstanding Section III, Limits of Liability, of Policy, upon exhaustion of each applicable Covered Sublimit (as set forth in the Schedule below) of the **Follo Policy** or any endorsement thereto, and any applicable sublimit of liability in any **Underlying Insurance Policy** shall drop down and follow form to such Covered Sublimit. The aggregate limit of liability applicable for Covered Sublimit shall be the Sublimit of Liability Amount set forth opposite each respective Covered Sublimit i Schedule below, which amount shall be part of and not in addition to the Aggregate Limit of Liability set forth in 3 of the Declarations.

Covered Sublimit	Sublimit of Liability Amount	Retention/Attachment
Reward Payment	\$50,000	\$150,000
Invoice Fraud	\$250,000	\$750,000
Telecommunications Fraud	\$250,000	\$750,000
Utility Fraud	\$250,000	\$750,000
Social Engineering	\$250,000	\$750,000

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Disclosure No. 2

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: Westfield Insurance Company

PRODUCED USING POLICY NUMBER: XCO-0000505-03
POLICY NUMBER: XCO-0000505-03

**U.S. TREASURY DEPARTMENT’S OFFICE OF FOREIGN
ASSETS CONTROL (“OFAC”)
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of “national emergency”. OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as “Specially Designated Nationals and Blocked Persons”. This list can be located on the United States Treasury’s web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.