Control No. _____

DRAFT 9/2008
SCHEDULE C - Bordereau *Proposed Revision*
TERRORISM RISK INSURANCE PROGRAM

INSURER or INSURER GROUP NAME: _____
NAIC INSURER (or GROUP) NUMBER (or TIN if no NAIC #): _____
PROGRAM YEAR: _____
DATA AS OF: _____

Field #:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15a.
	CAT CODE	LOB CODE	LOC OF LOSS/ STATE CD	DOL - Date of Loss XX/XX/XXXX	INSURER NUMBER	INSURER NAME	CLAIM #	INSURED NAME	INSURED TIN	EFF DT XX/XX/XXXX	EXP DT XX/XX/XXXX	WC INDICATOR MO, MI or II	NUMBER OF WC CLAIMANTS	PRIOR CUMULATIVE LOSS PAYMENTS	CURRENT LOSS PAYMENT INFORMATION a. LOSS PAID AMOUNT
Totals:	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.00	0.00

Instruction to add more lines

Please insert new rows before the Totals row. The Totals row has formulae in the fields that need to be totaled.

As this spreadsheet has been constructed with formulae for data fields that need to be totaled, please insert any additional data records (rows) before (above) the "Totals" row.

15b. CURRENT LOSS PAYMENT INFORMATION b. LOSS TO BE PAID AMOUNT	16 TOTAL CUMULATIVE LOSS PAYMENTS	17 PUNITIVE DMG PD	18 ALAE PAID	19 SALV RECOVRD	20 SUBRO RECOVRD	21 SALV/SUBRO RECOVRD	22 REINS RECVRBLE? Y or N	23 DUPLICATE FEDERAL COMP Y, P or N	24 AMT ONE OF DUPLI FED COMP	25 SOURCE ONE OF FED COMP	26 AMT TWO OF DUPLI FED COMP	27 SOURCE TWO OF FED COMP	28 THIRD PARTY INDICATOR Y or N	29 CLAIM STATUS O,C or R	30 RESERVES
0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	0.00	NA	0.00	NA	NA	NA	0.00

Expiration: December 31, 2010

TRIP 02C

31	32	33
Date of Latest Payment	**Settlement Date**	**Total Unprorated Loss Amount**
NA	NA	0.00