



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

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