



DRAFT 6/10/09

OMB No. XXXX-XXXX Expiration 200X

TRIP 05 June 2009

**TERRORISM RISK INSURANCE PROGRAM  
DATA CALL**

**INSURER NAME:** \_\_\_\_\_

**INSURER (Group) NAIC#:** \_\_\_\_\_

**INSURER TIN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROGRAM YEAR:** \_\_\_\_\_

**SUBMITTING INSURER DEDUCTIBLE ESTIMATE** \_\_\_\_\_

1 CAT CODE	2 LINE OF BUSINESS CODE	3 TOTAL CUMULATIVE LOSS PAYMENTS	4 ALAE PAID	5 LOSS CASE RESERVES	6 ALAE CASE RESERVES	7 LOSS IBNR	8 ALAE IBNR	9 TOTAL (3 thru 8)
	1.0 Fire							
	2.1 Allied Lines							
	5.1 Commercial Multi-							
	5.2 Commercial Multi-							
	8.0 Ocean Marine							
	9.0 Inland Marine							
	16.0 Workers' Compensation							
	17.0 Other Liability							
	18.0 Products Liability							
	22.0 Aircraft (all perils)							
	27.0 Boiler and Machinery							
	50.0 Energy							
	51.0 All Other Property Risks							
	52.0 All Other Casualty Risks							

*80.0 Residual Market  
(Multiple Coverages)*

**SUMMARY INFORMATION**

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