Control No.	
_	(Treasury use)



SCHEDULE C - Bordereau TERRORISM RISK INSURANCE PROGRAM

				INSURER OF INSURER GR NAIC INSURER (OF GROUP PROGRAM YEAR: DATA AS OF:		if no NAIC #):		-	-					
ield #:	1 CODE	2 LOB CODE	3 E LOC OF LOSS STATE CD	J DOL - Date of Loss	5 INSURER NUMBER	6 INSURER NAME	7 CLAIM#	8 INSURED NAME	9 INSURED TIN		11 EXP DT XX/XX/XXXX	12 WC	13 NUMBER OF WC	14 PRIOR CUMULATIVE
			STATE CD	***************************************						***************************************	***********			LOSS PAYMENTS
	 													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.

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15a.	15b.	16	17	18	19	20	21	22	23	24	25	26
CURRENT LOSS	CURRENT LOSS	TOTAL	PUNITIVE	ALAE PAID	SALV	SUBRO	SALV/SUBRO	REINS	DUPLICATE FEDERAL	AMT ONE OF	SOURCE ONE OF	AMT TWO OF
PAYMENT INFORMATION	PAYMENT INFORMATION	CUMULATIVE	DMG PD		RECOVRD	RECOVRD	RECOVRD	RECVRBLE?	COMP	DUPLI FED COMP	FED COMP	DUPLI FED COMP
a. LOSS PAID AMOUNT	b. LOSS TO BE PAID AMOUNT	LOSS PAYMENTS						Y or N	Y, P or N			

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	0.00	NA	0.00

27	28	29	30	31	32	33
SOURCE TWO OF	THIRD PARTY	CLAIM	RESERVES	DATE OF	SETTLEMENT	TOTAL
FED COMP	INDICATOR	STATUS		LATEST	DOCUMENTATION	UNPRORATED
	Y or N	O C or R		PAYMENT	DATE	LOSS AMOUNT

NA	NA	NA	0.00	NA	NA	0.00

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_	(Treasury use)