



TERRORISM RISK INSURANCE PROGRAM
STATEMENT OF "DIRECT WRITTEN PREMIUM" AND END OF YEAR
CALCULATION OF "FEDERAL TERRORISM POLICY SURCHARGE" DUE UNDER
TERRORISM RISK INSURANCE ACT (TRIA)

Insurer Name: _____

NAIC Insurer Number (or TIN if no NAIC #): _____

Calendar Year of Direct Written Premium (see instructions for guidance): _____

Submitted for Period Ending: _____ Is this submission an original or a correction? (enter an 'O' or 'C'): _____

Step One A:

Enter direct Written Premiums for commercial lines of business (listed below) as reported in column 1 of the Exhibit of Premiums and Losses of the NAIC Annual Statement (Statutory Page 14) or from another appropriate reporting mechanism. Columns 1B and 1C should sum to 1A.

	- Column 1A - Premium Reported on Statutory Page 14 or Equivalent Calendar Year 20xx	- Column 1B - Premium Prior to Assessment Period Calendar Year 20xx (if applicable)	- Column 1C - Premium During Assessment Period Calendar Year 20xx
<u>Annual Statement Line of Business</u>			
Line 1 – Fire	\$ _____	\$ _____	\$ _____
Line 2.1 – Allied Lines	\$ _____	\$ _____	\$ _____
Line 5.1 – Commercial Multiple Peril (non-liability portion)	\$ _____	\$ _____	\$ _____
Line 5.2 – Commercial Multiple Peril (liability portion)	\$ _____	\$ _____	\$ _____
Line 8 – Ocean Marine	\$ _____	\$ _____	\$ _____
Line 9 – Inland Marine	\$ _____	\$ _____	\$ _____
Line 16 – Workers’ Compensation	\$ _____	\$ _____	\$ _____
Line 17 – Other Liability	\$ _____	\$ _____	\$ _____
Line 18 – Products Liability	\$ _____	\$ _____	\$ _____
Line 22 – Aircraft (all perils)	\$ _____	\$ _____	\$ _____
Line 27 – Boiler and Machinery	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(insurers may add more lines as needed)

Step One B:

Enter direct Written Premiums for commercial lines of business (listed below) as reported in column 1C in Step 1A. Columns 2 – 5 should sum to Column 1C. However, if necessary, additional columns (and sheets) may be added to complete the breakout of premiums by Policy Year and to account fully for the entry in Column 1C. See instructions for guidance. Note, all entries are in whole dollars.

Direct Written Premium

	- Column 1C - Premium During Assessment Period Calendar Year 20xx	- Column 2 - Policy Year 20xx	- Column 3 - Prior Policy Year (20xx -1 year)	- Column 4 - Prior Policy Year (20xx -2 years)	- Column 5 - Prior Policy Year (20xx -3 years)
<u>Annual Statement Line of Business</u>					
Line 1 – Fire	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 2.1 – Allied Lines	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5.1 – Commercial Multiple Peril (non-liability portion)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5.2 – Commercial Multiple Peril (liability portion)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 8 – Ocean Marine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 9 – Inland Marine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 16 – Workers’ Compensation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 17 – Other Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 18 – Products Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 22 – Aircraft (all perils)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 27 – Boiler and Machinery	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(insurers may add more lines as needed)					
STEP 1 TOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Step Two:

Enter premiums included in the direct written premium numbers reported in column 1C under STEP 1B that are for insurance coverage not subject to the Federal Terrorism Policy Surcharges (see instructions for guidance). Columns 2 – 5 should sum to column 1C. However, if necessary, additional columns (and sheets) may be added to complete the breakout of premiums by Policy Year and to account fully for the entry in Column 1C. See instructions for guidance. Note, all entries are in whole dollars.

Direct Written Premium

Annual Statement Line of Business	- Column 1C - Premium During Assessment Period Calendar Year 20xx	- Column 2 - Policy Year 20xx	- Column 3 - Prior Policy Year (20xx -1 year)	- Column 4 - Prior Policy Year (20xx -2 years)	- Column 5 - Prior Policy Year (20xx -3 years)
Line 1 – Fire	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 2.1 – Allied Lines	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5.1 – Commercial Multiple Peril (non-liability portion)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 5.2 – Commercial Multiple Peril (liability portion)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 8 – Ocean Marine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 9 – Inland Marine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 16 – Workers’ Compensation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 17 – Other Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 18 – Products Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 22 – Aircraft (all perils)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Line 27 – Boiler and Machinery	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(insurers may add more lines as needed)					
STEP 2 TOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Control No. _____
(Treasury use)

Step Three:

Complete the following formulas to determine the insurer's cumulative direct written premium, for the applicable period, subject to the Federal Terrorism Policy Surcharge.

Direct Written Premium

	- Column 1C - Premium During Assessment Period Calendar Year 20xx	- Column 2 - Policy Year 20xx	- Column 3 - Prior Policy Year (20xx -1 year)	- Column 4 - Prior Policy Year (20xx -2 years)	- Column 5 - Prior Policy Year (20xx -3 years)
STEP 1B Totals (as applicable)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTRACT STEP 2 Totals (as applicable)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EQUALS - Premium Subject to Surcharge	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Step Four:

Complete the following formulas to determine the insurer's Federal Terrorism Policy Surcharge for the applicable year.

Direct Written Premium Subject to Surcharge

	- Column 1C -	- Column 2 - Policy Year 20xx	- Column 3 - Prior Policy Year (20xx -1 year)	- Column 4 - Prior Policy Year (20xx -2 years)	- Column 5 - Prior Policy Year (20xx -3 years)
Enter STEP3 Totals	Not Applicable	\$ _____	\$ _____	\$ _____	\$ _____
MULTIPLY by Surcharge Percentage Established by Treasury for Individual Policy Years		_____ %	_____ %	_____ %	_____ %
EQUALS Surcharge by Policy Year	Not Applicable	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL Surcharge for Year (Add columns 2-5)		\$ _____			

Step Five:

Complete the following formula to determine the insurer's Federal Terrorism Policy Surcharge due Treasury for the applicable year.

STEP 4 TOTAL Surcharge for Year \$ _____

SUBTRACT Previously Reported and Remitted \$ _____

EQUALS Surcharge still due to Treasury for the calendar year \$ _____

Certification

I hereby certify that the direct written premium data, calculations, and supporting documentation used to determine the insurer's Federal Terrorism Policy Surcharge are accurate and complete to the best of my information, knowledge and belief. Any false or fraudulent statements may subject the insurer or signatory to criminal, civil, or administrative penalties.

_____	_____	_____
Name	Officer Title	Date

Signature

Notice Under the Paperwork Reduction Act

We estimate it will take you about 5 hours to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Terrorism Risk Insurance Program Office, 1425 New York Avenue, NW, Washington, DC 20220. Do not send completed form to this address. Submit forms according to instructions provided at www.treas.gov/trip.