



**SCHEDULE C - Bordereau**  
**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
	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	PRIOR CUMULATIVE MO, MI or II CLAIMANTS LOSS PAYMENTS
Totals:	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA/XX/XXXX	NA/XX/XXXX	NA	NA	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.

15a.	15b.	16	17	18	19	20	21	22	23	24	25	26
CURRENT LOSS PAYMENT INFORMATION	CURRENT LOSS PAYMENT INFORMATION	TOTAL CUMULATIVE	PUNITIVE DMG PD	ALAE PAID RECOVRD	SALV RECOVRD	SUBRO RECOVRD	SALV/SUBRO RECOVRD	REINS RECOVRD	DUPLICATE FEDERAL COMP	AMT ONE OF DUPLI FED COMP	SOURCE ONE OF FED COMP	AMT TWO OF 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	