



**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 MO, MI or II	NUMBER OF WC CLAIMANTS	PRIOR CUMULATIVE LOSS PAYMENTS
Totals:	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	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 a. LOSS PAID AMOUNT	CURRENT LOSS PAYMENT INFORMATION b. LOSS TO BE PAID AMOUNT	TOTAL CUMULATIVE LOSS PAYMENTS	PUNITIVE DMG PD	ALAE PAID	SALV RECOVRD	SUBRO RECOVRD	SALV/SUBRO RECOVRD	REINS RECVBLE? Y or N	DUPLICATE FEDERAL COMP Y, P or N	AMT ONE OF DUPLI FED COMP	SOURCE ONE OF FED COMP	AMT TWO OF DUPLI FED COMP
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	0.00	NA	0.00

27 SOURCE TWO OF FED COMP	28 THIRD PARTY INDICATOR Y or N	29 CLAIM STATUS O,C or R	30 RESERVES	31 DATE OF LATEST PAYMENT	32 SETTLEMENT DOCUMENTATION DATE	33 TOTAL UNPRORATED LOSS AMOUNT
NA	NA	NA	0.00	NA	NA	0.00