



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