



Welcome - Richard Ifft2

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### Data Call Form

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**General Instructions :**

The purpose of the Data Call is to provide Treasury with insured loss information for the determination, as required by Section 103(e) of the Terrorism Risk Insurance Act (TRIA), of the amount, if any, of recoupment of the Federal Share of Compensation paid by Treasury to insurers for insured losses under the Program. The Data Call is to be submitted on an individual company basis. DO NOT under any circumstances include loss data from multiple insurers under the same Data Call.

All fields are required for each line (record), unless otherwise noted. Only losses arising from Program Trigger events are to be reported on the Data Call.

Data Call Instructions Data Call Form

Company:	Sally Land Insurance Conglomerate	NAIC:	22222
Data Call Due Date:	4/1/2012	TIN:	222222222
Date (Data as of):	<input type="text"/>	Submitting Insurer Deductible Estimate:	<input type="text"/>

Cat Code	LOB Code	Total Cumulative Loss Payments	ALAE Paid	Loss Case Reserves	ALAE Case Reserves*	Loss IBNR	ALAE IBNR	Total	Action
	Totals:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="button" value="Save Line"/> <input type="button" value="Cancel"/>

0 records found

\*If your company does not set reserves for ALAE, enter zero.

Please note that the Form must be saved prior to selecting the Submit Form button.

What was the name of your elementary school?

Security Answer must be entered prior to selecting Submit Form.

Saved on behalf of and Signed Date must be entered prior to selecting Save Form.

**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 forms to this address. Submit forms according to the instructions provided on this site.

OMB No. 1505-0208 Expiration: November 30, 2015  
TRIP 05