Control Number	
•	(Treasury Use)



TERRORISM RISK INSURANCE PROGRAM SCHEDULE C

BORDEREAU

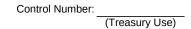
NAIC In					- - - -									
Field #:	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	CAT CODE	LOB CODE	LOC OF LOSS/	DOL - DATE OF LOSS	INSURER NUMBER	INSURER NAME	CLAIM #	INSURED NAME			EXP DT	WC	NUMBER	PRIOR
			STATE CD	(MM/DD/YYYY)							Y)(MM/DD/YYY	-		CUMULATIVE LOSS PAYMENTS
													CEAIMAITIC	E0001 ATMENTO
Totals:	NA NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.00

Instruction to add more lines

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.

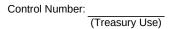
Notice under the Paperwork Reduction Act

We estimate it will take you about 4 hours to complete this form. However, you are not required to provide the 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, Department of the Treasury, 1500 Pennsylvania Avenue NW, Room 1410 MT, Washington, DC 20220. Do not send completed forms to this address. Submit forms according to instructions provided at https://tripclaims.treas.gov/TRIP/.





15a.	15b.	16	17	18	19	20	21	22	23	24	25	26
CURRENT LOSS	CURRENT LOSS	TOTAL	PUNITIVE	ALAE PAID	SALV	SUBRO	SALV/SUBRO	REINS	DUPLICATE FEDERAL	AMT ONE OF	SOURCE ONE OF	AMT TWO OF
PAYMENT INFORMATION	PAYMENT INFORMATION	CUMULATIVE	DMG PD		RECOVRD	RECOVRD	RECOVRD	RECVRBLE?	COMP	DUPLI FED COMP	FED COMP	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	0.00	NA NA	0.00	NA 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
			1)	MM/DD/YYY	(MM/DD/YYYY)	

NA	NA	NA	0.00	NA NA	0.00