



Control Number: _____

TERRORISM RISK INSURANCE PROGRAM MONTHLY CLAIMS REPORT

Insurer or Insurer Group Name: _____
 NAIC Insurer (or Group) Number: _____
 TIN (if no NAIC #): _____
 Month: _____
 Calendar Year: _____
 Data as of: _____

Field #:	1	2	3	4	5	6	7	8	9	10	11
	CAT CODE	LINE OF BUSINESS CODE	LOC OF LOSS STATE CD	DATE OF LOSS	INSURER NUMBER	INSURER NAME	CLAIM #	INSURED NAME	LOSS PAID AMOUNT	ALAE PAID	TOTAL CURRENT LOSS AMOUNT
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
Totals:	NA	NA	NA	NA	NA	NA	NA	NA	0.00	0.00	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 2 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>.

(Treasury use)

12

RESERVES

0.00
