



# TERRORISM RISK INSURANCE PROGRAM DIRECT WRITTEN PREMIUM AND MONTHLY SURCHARGE CALCULATION

٩.	Insurer Name:						
3.	NAIC Insurer Number (or TIN if no NA	IC #):					
С.	. Calendar Year of Direct Written Premium (see instructions for guidance): D. Reporting Month:						
Ξ.	Type of submission:  Original	Correction					
Ξ.	Step One A:						
	would typically be reported in Columnanother appropriate reporting mechan	n 1 of the Exhibit of Premiums an nism. Column 1A is always cum Premium for the same calendar y	d Losses of the NAIC Annual ulative for the applicable caler year prior to the start of the as	iness (see instructions for guidance) as Statement (Statutory Page 14), or from ndar year during an assessment period, ssessment period. Columns 1B and 1C			
	- Column 1A -	- Column 1B -	- Column 1C -				
	Cumulative Premium  Year to Date	Premium Prior to Assessment Period	Cumulative Premium During Assessment Period	_			
	\$	*	\$	_			



### G. Step One B

Enter the insurer's Direct Written Premium for commercial lines of business (listed below) as would typically be reported in Column 1C in Step One A. Columns 2 through 5 should sum to equal column 1C. However, if necessary, additional columns (and sheets) may be added to complete the breakout of premium by Policy Year and to fully account for the entry in column 1C. See instructions for guidance. All entries should be provided in whole dollars.

	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
STEP ONE TOTALS:	\$	\$	\$	\$	\$

#### H. Step Two:

Enter total premium, if any, included in the Direct Written Premium reported under Step One Totals (calculated in Step One B) that is for insurance coverage <u>not</u> subject to the Federal Terrorism Policy Surcharge (see instructions for guidance)

	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
STEP TWO TOTALS:	\$	\$	\$	_ \$	\$



#### I. Step Three:

Complete the following formulas to determine the insurer's cumulative Direct Written Premium, for the applicable period, subject to the Federal Terrorism Policy Surcharge.

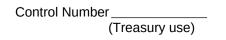
	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -	
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)	
Step One B Totals (as applicable)	\$	\$	\$	\$	\$	
SUBTRACT						
Step Two Totals (as applicable) <i>EQUALS</i>	\$	\$	\$	\$	\$	
Premium Subject to Surcharge	\$	\$\$	\$	\$\$	\$	



## J. Step Four:

Complete the following formulas to determine the insurer's Federal Terrorism Policy Surcharge for the applicable period.

	- Column 1C -		- Column 2 -		- Column 3 -	- Column 4 -	- Column 5 -
	Premium During Assessment Period CY 20xx		Policy Year 20xx	_	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
Premium Subject to Surcharge (Step Three)	Not Applicable	\$_		\$		\$	\$
MULTIPLY BY Surcharge Percentage Established by Treasury for Individual Policy Years	Not Applicable		%		%	%	%
EQUALS Surcharge by Policy Year	Not Applicable	\$_		\$		\$	\$ 
Cumulative Total Due (add Surcharge by Policy Year Columns 2 - 5):	\$	_					



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K. Step Five:			
Complete the following formula to deter	mine the insurer's Federal T	errorism Policy Surch	arge due to Treasury for the applicable year.
Step Four Cumulative Total Due	\$		_
SUBTRACT Amount Previously Re	mitted \$		_
<b>EQUALS Surcharge Amount Due</b>	\$		_
Certification			
	and complete to the best	of my information, I	entation used to determine the insurer's Federal knowledge and belief. Any false or fraudulent es.
Name Officer	Title	 Date	-
Signature			

## 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 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 <a href="https://tripclaims.treas.gov/TRIP/">https://tripclaims.treas.gov/TRIP/</a>.

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