



Control Number: _____
 (Treasury Use)

TERRORISM RISK INSURANCE PROGRAM DATA CALL

Insurer Name: _____
 NAIC Insurer Number: _____
 TIN: _____
 Calendar Year: _____
 Data as of: _____
 Deductible Estimate: _____

Field #:	1	2	3	4	5	6	7	8	9
	CAT CODE	LINE OF BUSINESS CODE	TOTAL CUMULATIVE LOSS PAYMENTS	ALAE PAID	LOSS CASE RESERVES	ALAE CASE RESERVES	LOSS IBNR	ALAE IBNR	TOTAL ESTIMATED LOSS AND ALLOCATED LOSS ADJUSTMENT
Totals:	NA	NA	0.00	0.00	0.00	0.00	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 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 <https://tripclaims.treas.gov/TRIP/>