



**TERRORISM RISK INSURANCE PROGRAM  
NOTICE OF PROPOSED SETTLEMENT OF THIRD PARTY CLAIM  
REQUEST FOR APPROVAL**

Pursuant to 31 CFR Part 50, Subpart K (Sections 50.102 and 50.103), settlements of certain causes of action for property damage, personal injury, or death arising out of – or related to – certified acts of terrorism require Treasury's advance approval as a condition precedent for inclusion in an insurer's aggregate insured losses in its request for Federal share of compensation under the Terrorism Risk Insurance Program (Program). You should refer to the Program Rules for the advance approval requirements, which are available online at <https://www.treasury.gov/resource-center/fin-mkts/Pages/program.aspx>.

Use this form to submit a proposed settlement for review and processing. Please attach continuation sheets, as needed. After it has been determined that all required information is present, this form will be forwarded to Treasury for consideration. A separate completed form is required for each proposed settlement. If a field does not apply to the settlement, enter zero (0) in fields requesting financial figures, or N/A for other fields, to signify that the entry is not applicable.

- A. Insurer or Insurer Group Name: \_\_\_\_\_
- B. NAIC Insurer (or Group) Number (or TIN if no NAIC #): \_\_\_\_\_
- C. Calendar Year of Event: \_\_\_\_\_
- D. Authorized Contact for the claim (if other than point of contact for Certifications):
- Contact's Name: \_\_\_\_\_
- Contact's Title: \_\_\_\_\_
- Organization/Company: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Telephone Number(s): \_\_\_\_\_
- E-mail Address: \_\_\_\_\_



E. Third Party Claim Information:

Claim Number: \_\_\_\_\_  
ISO/PCS Cat Code: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Policyholder Name: \_\_\_\_\_  
Line of Business: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Third Party: \_\_\_\_\_

Are there any other Property and Casualty insurers involved with this loss?  Yes  No

If Yes, please identify: \_\_\_\_\_

F. Supporting Details

Please provide a brief description of the facts and circumstances, the types and layers of coverage, and include any appropriate amounts for the following.

Underlying Claim Against the Insured: \_\_\_\_\_  
Insured's Liability for the Loss: \_\_\_\_\_  
Amounts Claimed Against the Insurer: \_\_\_\_\_  
Operative Policy Terms: \_\_\_\_\_  
Defenses to Coverages: \_\_\_\_\_  
Insurer's Estimate of All Damages Sustained: \_\_\_\_\_

G. Itemized Statement of Damages

Please provide an itemization of all damages claimed by the third party, by category:

<u>Category</u>	<u>Amount Claimed (of the proposed settlement)</u>
Actual:	\$ _____
Economic Loss:	\$ _____
Non-Economic Loss:	\$ _____
Punitive Damages:	\$ _____
Other:	\$ _____
(Describe Other)	_____
<b>Total:</b>	\$ _____



H. Proposed Settlement Details

Proposed Settlement Amount: \$ \_\_\_\_\_

Net Amount to be received by the Third Party (if known) net of fees and expenses of attorneys, experts and other professionals: \$ \_\_\_\_\_

If the settlement is approved, enter the claim amount that would be submitted on any Certifications of Loss: \$ \_\_\_\_\_

Related Questions	Answer	If Yes, Please Specify Amount
1. Is any portion of the proposed settlement amount that is attributable to an insured loss or losses involving personal injury or death in the aggregate \$2 million or more per third-party claimant, regardless of the number of causes of action or insured losses being settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
2. Is any portion of the proposed settlement amount that is attributable to an insured loss or losses involving property damage (including loss of use) in the aggregate \$10 million or more per third-party claimant, regardless of the number of causes of action or insured losses being settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
3a. Is any amount of the proposed settlement attributable to punitive or exemplary damages (whether or not specifically so described as such damage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
3b. Did the third party assert a claim for punitive or exemplary damages in any filed or threatened legal action against the insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	
3c. If Yes to 3a or 3b, describe the nature of the claim or conduct the third party alleged entitled it to punitive or exemplary damages.		_____
4a. Was any amount received by the third party from the United States pursuant to any other Federal program for compensation of insured losses related to an act of terrorism? (see 31 CFR 50.71(b)(2))	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
4b. If Yes to 4a, which Federal agency?		_____
4c. If Yes to 4a, does the proposed settlement already factor or offset amounts received from the United States pursuant to any other Federal program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____



Control Number \_\_\_\_\_  
(Treasury use)

5. Will any part of the proposed settlement amount compensate for any items such as fees and expenses of attorneys, experts, or other professionals for their services and expenses related to the insured loss and/or settlement?  Yes  No  Uncertain \$ \_\_\_\_\_
6. Was the proposed settlement negotiated by counsel?  Yes  No  Uncertain
- 7a. Has the proposed settlement amount been approved by a Federal court?  Yes  No  Uncertain
- 7b. Is the proposed settlement amount subject to approval by a Federal court?  Yes  No  Uncertain
- 7c. If Yes to 7b, is such approval likely?  Yes  No  Uncertain
- 8a. Is this proposed settlement part of a class action?  Yes  No  Uncertain
- 8b. If Yes to 8a, please specify the class action case number. \_\_\_\_\_

I. Supporting Materials

A statement from the insurer or its attorney in support of the proposed settlement has been attached.

Yes  No

The proposed terms of the written settlement agreement, including release language and subrogation terms, has been attached.

Yes  No

You have attached other information related to the insured loss that you would like Treasury to consider in evaluating the proposed settlement amount.

Yes  No



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J. Executive Officer Certification

I hereby certify that the statements, data, calculations, and supporting documentation submitted with this request for approval of the proposed claim settlement are accurate and complete to the best of my information, knowledge and belief. Any false or fraudulent statements or claims may subject the insurer and signatory to criminal, civil, and/or administrative penalties.

1. The proposed settlement compensates for a *bona fide* loss that is an insured loss under the terms and conditions of the underlying commercial property and casualty insurance policy.
2. Attorneys' fees and expenses in connection with the settlement are reasonable and appropriate, in whole or in part, and have not caused the insured losses under the underlying commercial property and casualty insurance policy to be overstated.
3. All necessary steps consistent with appropriate business practices have been taken to reasonably, properly, and carefully investigate and ascertain the amount of the loss.
4. The settlement is for a third party's loss, the liability for which is an insured loss under the terms and conditions of the underlying commercial property and casualty insurance policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Officer Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**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/>.