



Control Number: _____
(Treasury Use)

**TERRORISM RISK INSURANCE PROGRAM
CERTIFICATION DATA CALL**

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

Field #:	1	2	3	4	5	6	7	8	9
	LINE OF BUSINESS CODE	TOTAL CUMULATIVE LOSS PAYMENTS	ALAE PAID	LOSS CASE RESERVES	ALAE CASE RESERVES	LOSS IBNR	ALAE IBNR	OTHER LOSS ESTIMATES	TOTAL
	1.0 - Fire								0.00
	2.1 - Allied Lines								0.00
	5.1 - Commercial Multi-Peril (non-liability)								0.00
	5.2 - Commercial Multi-Peril (liability)								0.00
	8.0 - Ocean Marine								0.00
	9.0 - Inland Marine								0.00
	16.0 - Workers Compensation								0.00
	17.0 - Other Liability								0.00
	18.0 - Products Liability								0.00
	22.0 - Aircraft (all perils)								0.00
	27.0 - Boiler and Machinery								0.00
	99.9 - Other								0.00
Totals:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Notice under the Paperwork Reduction Act

We estimate it will take you about 15 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/>.