



Control Number _____
(Treasury use)

TERRORISM RISK INSURANCE PROGRAM
SCHEDULE A
DECLARATION OF DIRECT EARNED PREMIUM AND
CALCULATION OF INSURER DEDUCTIBLE

- A. Insurer or Insurer Group Name: _____
- B. NAIC Insurer (or Group) Number (or TIN if no NAIC #): _____
- C. Calendar Year: _____
- D. Prior Calendar Year for Calculation of Direct Earned Premium (see instructions for guidance): _____
- E. List all affiliated insurers with premium subject to Terrorism Risk Insurance Act:

Name	NAIC # (or TIN if no NAIC #)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
(add more lines as needed)	

- F. **Step One:** Direct Earned Premium from the Annual Statement Exhibit of Premiums and Losses (NAIC Statutory Page 14), Column 2 for commercial lines of business, or from another appropriate reporting mechanism. See instructions for guidance.

Annual Statement Line of Business		Direct Earned Premium
Line 1	Fire	\$ _____
Line 2.1	Allied Lines	\$ _____
Line 5.1	Commercial Multiple Peril (non-liability portion)	\$ _____
Line 5.2	Commercial Multiple Peril (liability portion)	\$ _____
Line 8	Ocean Marine	\$ _____
Line 9	Inland Marine	\$ _____
Line 16	Workers' Compensation	\$ _____
Line 17	Other Liability	\$ _____
Line 18	Products Liability	\$ _____
Line 22	Aircraft (all perils)	\$ _____
Line 27	Boiler and Machinery	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



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Annual Statement Line of Business	Direct Earned Premium
	\$
	\$
	\$
	\$
TOTAL:	\$

G. **Step 2:** Direct Earned Premium included in the numbers reported under Letter F that apply to insurance coverage **not** to be included for purposes of TRIA. See instructions for guidance.

Annual Statement Line of Business	Direct Earned Premium Not to be Included per TRIA	Reason for Exclusion of Premium
	\$	
	\$	
	\$	
	\$	
	\$	
<i>(add more lines as needed)</i>		
TOTAL:	\$	

H. **Step 3:** Direct Earned Premium, for lines of business included for purposes of TRIA, that were included in the numbers reported under Letter F and were ceded to a state residual market under a servicing carrier arrangement. See instructions for guidance.

Annual Statement Line of Business	Direct Earned Premium Ceded to Residual Market	Name of Residual Market for Which Insurer Serves as Servicing Carrier	State of Residual Market
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
<i>(add more lines as needed)</i>			
TOTAL:	\$		

I. **Step 4:** Direct Earned Premium for lines of business subject to TRIA that were **not** included in the numbers reported under Letter F and were distributed to the insurer by commercial lines state residual market entities.

Annual Statement Line of Business	Earned Premium Received From Residual Markets	Name of Residual Market Entity	State of Residual Market
	\$		
	\$		
	\$		
	\$		
	\$		



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Annual Statement Line of Business	Earned Premium Received From Residual Markets	Name of Residual Market Entity	State of Residual Market
_____	\$ _____	_____	_____
(add more lines as needed)			
TOTAL: \$		_____	

J. Complete the following formula in order to determine the insurer's Calendar Year deductible.

(F) Step 1 Total: \$	_____	+	(I) Step 4 Total: \$	_____
-				
(G) Step 2 Total: \$	_____	+	(H) Step 3 Total: \$	_____
=				
Direct Earned Premium: \$	_____			
✖ 0.20 Deductible Factor				
= Insurer Deductible under TRIA \$	_____			

K. Certification

I hereby certify that the Direct Earned Premium data, calculations, and supporting documentation used to determine the insurer deductible are accurate and complete to the best of my information, knowledge, and belief. Any false or fraudulent statements or claims may subject the insurer or signatory to criminal, civil, and/or administrative penalties.

_____	_____	_____
Name	Officer Title	Date

Signature		

Notice under the Paperwork Reduction Act

We estimate it will take you about 6.5 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/>.