



BORDEREAU

Field #:	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	CAT CODE	LOB CODE	LOC OF LOSS/ STATE CD	DOL - DATE OF LOSS (MM/DD/YYYY)	INSURER NUMBER	INSURER NAME	CLAIM #	INSURED NAME	INSURED TIN	EFF DT (MM/DD/YYYY)	EXP DT (MM/DD/YYYY)	WC INDICATOR MO, MI or II	NUMBER OF WC CLAIMANTS	PRIOR CUMULATIVE LOSS PAYMENT

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 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/>.



Control Number: _____
(Treasury Use)

15a.	15b.	16	17	18	19	20	21	22	23	24	25	26
CURRENT LOSS PAYMENT INFORMATION a. LOSS PAID AMOUNT	CURRENT LOSS PAYMENT INFORMATION b. LOSS TO BE PAID AMOUNT	TOTAL CUMULATIVE LOSS PAYMENTS	PUNITIVE DMG PD	ALAE PAID	SALV RECOVRD	SUBRO RECOVRD	SALV/SUBRO RECOVRD	REINS RECVRBLE? Y or N	DUPLICATE FEDERAL COMP Y, P or N	AMT ONE OF DUPLI FED COMP	SOURCE ONE OF FED COMP	AMT TWO OF DUPLI FED COMP
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	0.00	NA	0.00



Control Number: _____
(Treasury Use)

27	28	29	30	31	32	33
SOURCE TWO OF FED COMP	THIRD PARTY INDICATOR Y or N	CLAIM STATUS O,C or R	RESERVES	DATE OF LATEST PAYMENT (MM/DD/YYYY	SETTLEMENT DOCUMENTATION DATE (MM/DD/YYYY)	TOTAL UNPRORATED LOSS AMOUNT
NA	NA	NA	0.00	NA	NA	0.00