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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://home.treasury.gov/system/files/311/Regulations.pdf.

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.

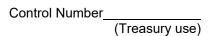
Α.	Insurer or Insurer Group I	Name:
В.	NAIC Insurer (or Group)	Number (or TIN if no NAIC #):
C.	Calendar Year of Event:_	
D.	Authorized Contact for the	e claim (if other than point of contact for Certifications)
	Contact's Name:	
	Contact's Title:	
	Organization/Company:	
	Mailing Address:	
	Telephone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

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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 in	nsurers involved with this loss? 🗌 \	∕es □ No		
	If Yes, please identify:				
F.	Supporting Details Please provide a brief description of the fac		nd 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	d:			





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G. Itemized Statement of Damages

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

	0.1		Amount C						
	Category		(of the proposed	settlemen	<u>(</u>)				
	Actual:	\$							
	Economic Loss:	\$			<u>.</u>				
	Non-Economic Loss:	\$							
	Punitive Damages:	\$							
	Other: (Describe Other)	\$							
	Total:	\$							
Η.	Proposed Settlement	Details							
	Proposed Settlement	Amount:				\$			
	Net Amount to be rec fees and expenses of					\$			
	If the settlement is ap			unt that woเ	ıld	\$			
	Related Questions				Answer		If Yes, F Specify	Please Amount	
	1. Is any portion	of the pro	posed settlement a	mount	☐Yes		\$		
	that is attributa	ıble to an	insured loss or loss	ses	□ No		•		
			y or death in the ago hird-party claimant,	gregate	Uncer	tain			
		he numb	er of causes of action	on or					
	ilisuled losses	being se	illeu !						
			posed settlement a		Yes		\$		
			insured loss or loss age (including loss o		☐ No ☐ Uncer	tain			
	the aggregate	\$10 millio	on or more per third	-party					
			the number of caus being settled?	es of					
	3a. Is any amount	of the pro	oposed settlement		☐ Yes		\$		
	attributable to	punitive o	or exemplary damag		□ No				
	(whether or no damage)?	t specific	ally so described as	such	Uncer	τaın			

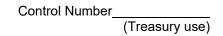
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3b.	Did the third party assert a claim for punitive or exemplary damages in any filed or threatened legal action against the insurer?	☐ Yes ☐ No ☐ Uncertain		
3c.	If Yes to 3a or 3b, describe the nature of the claim or conduct the third party alleged 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	☐ Yes ☐ No	\$	
	program for compensation of insured losses related to an act of terrorism? (see 31 CFR 50.71(b)(2))	d 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?	☐ Yes ☐ No ☐ Uncertain	\$	
5.	Will any part of the proposed settlement amount	☐ Yes	\$	
o .	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?	☐ No ☐ Uncertain	Ψ	
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.			

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J.

Signature

Supporting Materials
A statement from the insurer or its attorney in support of the proposed settlement has been attached. \square Yes \square 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
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 <i>bona fide</i> 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 commercia 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

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/.

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