



TERRORISM RISK INSURANCE PROGRAM DIRECT WRITTEN PREMIUM AND MONTHLY SURCHARGE CALCULATION

	\$	\$	\$					
	Cumulative Premium Year to Date	Premium Prior to Assessment Period	Cumulative Premiur During Assessmen Period					
	- Column 1A -	- Column 1B -	- Column 1C -					
	would typically be reported in Colum another appropriate reporting mechanisms	n 1 of the Exhibit of Premiums a anism. Column 1A is always cun Premium for the same calendar	nd Losses of the NAIC Ann nulative for the applicable c year prior to the start of the	business (see instructions for guidance) as rual Statement (Statutory Page 14), or from alendar year during an assessment period, e assessment period. Columns 1B and 1C				
F.	Step One A:							
E.	Type of submission: Original	Correction						
C.	. Calendar Year of Direct Written Premium (see instructions for guidance): D. Reporting Month:							
В.	NAIC Insurer Number (or TIN if no Na	AIC #):						
A.	Insurer Name:							

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G. Step One B

Enter the insurer's Direct Written Premium for commercial lines of business (listed below) as would typically be reported in Column 1C in Step One A. Columns 2 through 5 should sum to equal Column 1C. However, if necessary, additional columns (and sheets) may be added to complete the breakout of premium by Policy Year and to fully account for the entry in Column 1C. See instructions for guidance. All entries should be provided in whole dollars.

	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
STEP ONE TOTALS:	\$	\$	\$	_ \$	\$

H. Step Two:

Enter total premium, if any, included in the Direct Written Premium reported under Step One Totals (calculated in Step One B) that is for insurance coverage **not** subject to the Federal Terrorism Policy Surcharge (see instructions for guidance)

	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
STEP					
TWO TOTALS:	\$	\$	\$	_ \$	\$

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I. Step Three:

Complete the following formulas to determine the insurer's cumulative Direct Written Premium, for the applicable period, subject to the Federal Terrorism Policy Surcharge.

	- Column 1C -	- Column 2 -	- Column 3 -	- Column 4 -	- Column 5 -
	Cumulative Premium During Assessment Period	Policy Year 20xx	Prior Policy Year (20xx – 1 year)	Prior Policy Year (20xx – 2 years)	Prior Policy Year (20xx – 3 years)
Step One B Totals (as applicable)	\$	\$	\$	\$	\$
SUBTRACT					
Step Two Totals (as applicable) EQUALS	\$	\$	\$	_ \$	\$
Premium Subject to Surcharge	\$	\$	\$	\$\$	\$

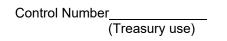


J. Step Four:

Complete the following formulas to determine the insurer's Federal Terrorism Policy Surcharge for the applicable period.

	- Column 1C -		- Column 2 -		- Column 3 -		- Column 4 -		- Column 5 -	
	Premium During Assessment Period CY 20xx		Policy Year 20xx	_	Prior Policy Year (20xx – 1 year)		Prior Policy Year (20xx – 2 years)		Prior Policy Year (20xx – 3 years)	
Premium Subject to Surcharge (Step Three)	Not Applicable	\$_		\$		\$		\$		
MULTIPLY BY Surcharge Percentage Established by Treasury for Individual Policy Years	Not Applicable		%		%		%		%	
EQUALS Surcharge by Policy Year	Not Applicable	\$_		\$		\$		\$		
Cumulative Total Due (add Surcharge by Policy Year Columns 2 - 5):	\$	_								

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K. Step	p Five:						
Con	nplete the following formula	to determine the in	surer's Federal Ter	rorism Policy Su	rcharge due to Ti	reasury for the applic	able year.
	Step Four Cumulative Total	Due	\$				
	SUBTRACT Amount Previo	usly Remitted	\$				
	EQUALS Surcharge Amou	int Due	\$				
Certifica	ation						
Terroris	y certify that the Direct Writ m Policy Surcharge are ac ents may subject the insurer	ccurate and comp	lete to the best of	f my information	n, knowledge ar		
Name		Officer Title		 Date			
Signatu	re						

Notice under the Paperwork Reduction Act

We estimate it will take you about 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/.

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