



Control Number: \_\_\_\_\_  
(Treasury use)

## TERRORISM RISK INSURANCE PROGRAM MONTHLY CLAIMS REPORT

Insurer or Insurer Group Name: \_\_\_\_\_  
NAIC Insurer (or Group) Number: \_\_\_\_\_  
TIN (if no NAIC #): \_\_\_\_\_  
Month: \_\_\_\_\_  
Calendar Year: \_\_\_\_\_  
Data as of: \_\_\_\_\_

Field #:	1	2	3	4	5	6	7	8	9	10	11	12
	LINE OF BUSINESS		LOC OF LOSS	DATE OF	INSURER	INSURER NAME	CLAIM #	INSURED NAME	LOSS PAID AMOUNT	ALAE PAID	TOTAL CURRENT LOSS AMOUNT	RESERVES
	CAT CODE	CODE	STATE CD	LOSS	NUMBER							
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
											0.00	
Totals:	NA	NA	NA	NA	NA	NA	NA	NA	0.00	0.00	0.00	0.00

### 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 2 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>.