



TERRORISM RISK INSURANCE PROGRAM
SUBMIT PROPOSED SETTLEMENT OF THIRD PARTY CLAIM
Notice of Proposed Settlement – Request for Approval

In compliance with 31 C.F.R., Part 50, Subpart I (§§50.82-83), Terrorism Risk Insurance Program; Litigation Management Rule, 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 of settlements as a condition precedent for inclusion in an insurer's aggregate insured losses in its request for Federal share of compensation under the Program. You should refer to the online reference of [31 C.F.R §§50.82-83](#) for the advance approval requirements.

Please 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, it 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, in the space provided enter 0 (zero) for amount fields, or N/A for other fields, to signify that the entry is not applicable.

If you have any questions, please contact the TRIP Claims Facility at 1-800-543-4292 or tripclaims@paragonbenfield.com.

Insurer or Insurer Group Name: _____

NAIC Insurer (or Group) Number (or TIN if no NAIC #): _____

Program (calendar) Year: _____

Authorized Contact for the claim (if other than point of contact for Certifications):

Contact's Name: _____

Contact's Title: _____

Organization/Company: _____

Mailing Address: _____

Reference No. _____
(Treasury Use)

Telephone Number(s): _____

E-mail Address: _____

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 insurers involved with this loss? (Y/N) _____
If Yes, please identify: _____

Supporting Details

Please provide a brief description of the facts and circumstances, the types and layers of coverage, and include any appropriate amounts for the:

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: _____

Itemized Statement of Damages

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

<u>Category</u>	<u>Amount Claimed (of the proposed settlement)</u>
-----------------	--

Actual: \$ _____
Economic Loss: \$ _____
Non-Economic Loss: \$ _____
Punitive Damages: \$ _____
Other: \$ _____
(Describe Other): _____
Total: \$ _____

Proposed Settlement Details

Proposed Settlement Amount: \$ _____
Net Amount to be received by the Third Party (if known) net of fees and expenses of attorneys, experts and other professionals: \$ _____
If the settlement is approved, enter the claim amount that would be submitted on the Bordereau: \$ _____

	<u>Related Questions</u>	<u>Answer</u>	<u>If Yes, Please Specify Amount</u>
1.	Is any portion of the proposed settlement amount that is attributable to an insured loss or losses involving personal injury or death in the aggregate \$2 million or more per third-party claimant, regardless of the number of causes of action or insured losses being settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
2.	Is any portion of the proposed settlement amount that is attributable to an insured loss or losses involving property damage (including loss of use) in the aggregate \$10 million or more per third-party claimant, regardless of the number of causes of action or insured losses being settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	\$ _____
3a.	Is any amount of the proposed settlement attributable to punitive or exemplary	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

- damages (whether or not specifically so described as such damage)? Uncertain
- 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 program for compensation of insured losses related to an act of terrorism? (see 31 C.F.R., Part 50, Subpart F (§50.51(b)(2)(i))) Yes \$ _____
 No
 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 compensate for any items such as fees and expenses of attorneys, experts and other professionals for their services and expenses related to the insured loss and/or settlement? Yes \$ _____
 No
 Uncertain
6. Was the proposed settlement negotiated by counsel? Yes
 No
 Uncertain
- 7a. Has the proposed settlement amount been approved by any Federal court? Yes
 No
 Uncertain
- 7b. Is the proposed settlement amount subject to approval by any Federal court? Yes
 No
 Uncertain
- 7c. If Yes to 7b, is such approval likely? Yes
 No
 Uncertain

Reference No. _____
(Treasury Use)

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 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, 1425 New York Avenue, NW, Suite 2100, Washington, DC 20220. Do not send completed forms to this address. Submit forms according to instructions provided at <http://www.treas.gov/trip>.