

LOSS REPORT - COMMERCIAL AUTOMOBILE

Texas Insurance Checking Office, Inc.

Company Name: _____

For the Month of: _____

Year (YYYY) _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29			
Stat Plan Code (2)	Transaction ID (2)	Terrorism (1)	Policy Type (2)	Type of Business (1)	Coverage Code (3)	Sub-coverage Code (3)	Territory (2)	Class (5)	Year - YY (2)	Month - MM (2)	Dealers Collision (2)	Policy Identifier (14)	Policy Limit per Occupant (8)	Policy Limit per Claimant (8)	Zone Rating Code (3)	Cost Code (3)	Age Code (1)	Building/Lot (1)	Anti-theft (1)	Deductible (6)	Driving Record Surcharge (3)	Year - YY (2)	Month - MM (2)	Day - DD (2)	Catastrophe (3)	Type of Loss (2)	Claim Count (2)	Loss Amount (9)	Occurrence Identifier (14) (claim number)	Claimant ID (4)	Accident state (2)
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