

LOSS REPORT - BUSINESSOWNER'S POLICY

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		
Stat Plan Code (2)	Policy Identifier (14)	(incurred) Occurrence Date			Record Inception Date		Transaction ID (2)	Terrorism (1)	Place (5)	Class (5)	Coverage (5)	Construction (2)	F	EC	Sprinkler Indicator (1)	Policy Deductible (6)	Policy Limits (8)	Exposure (000) (3)	Loss Amount (9)	(claim number)		Occurrence Identifier (14)	Type of Loss (2)	Zip Code - 9 Digits (5 required 4 Optional)		
		Year - YY (2)	Month - MM (2)	Day - DD (2)	Year - YY (2)	Month - MM (2)																				
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