

LOSS REPORT - FIDELITY and SURETY
Texas Insurance Checking Office, Inc.

For the Month Ending: _____

Company Name: _____

Year (YYYY): _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Stat Plan Code (2)	Transaction ID (2)	Policy Type (2)	Subline (3)	Form of Coverage (2)	Class (5)	Contract Bond Type (1)	Record Inception Date Year - YY (2) Month - MM (2)	Policy Identifier (14)	Type of Loss (2)	Claim Count (2)	Loss Amount (9)	Occurrence Identifier (claim number) (14)	Received/ Report Date Year - YY (2) Month - MM (2) Day - DD (2)
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