

## LOSS REPORT - GENERAL LIABILITY

Texas Insurance Checking Office, Inc.

**Company Name:** \_\_\_\_\_

**For the Month Ending:** \_\_\_\_\_

**Year (YYYY):** \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Stat Plan Code (2)	Transaction ID (2)	Terrorism (1)	Policy Type (2)	Sub Line (3)	Type of Coverage (1)	Coverage Code (1)	Territory (2)	Class (5)	Year - YY (2)	Month - MM (2)	Record Inception Date	Policy Identifier (14)	Aggregate Policy Limit (8)	Policy Limit per Occurrence (8)	Year - YY (2)	Month - MM (2)	Policy Deductible (6)	Year - YY (2)	Month - MM (2)	Day - DD (2)	Type of Loss (2)	Claim Count (2)	Loss Amount (9)	Occurrence Identifier (14)	Year - YY (2)	Month - MM (2)	Day - DD (2)
										Entry Into Claims Made		Occurrence/ Incurred Date				(policy number)		Report (received) Date									
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