

# LOSS REPORT - MISCELLANEOUS COMMERCIAL

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						
							Record Inception Date				Entry Into Claims Made		Occurrence/ Incurred Date							Report Date					
	Stat Plan Code (2)	Transaction ID (2)	Terrorism (1)	Policy Type (2)	Subline (3)	Type of Business (1)		Class (5)	Year - YY (2)	Month - MM (2)	Policy Identifier (14)		Year - YY (2)	Month - MM (2)	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)	
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