

LOSS REPORT - COMMERCIAL PROPERTY

Texas Insurance Checking Office, Inc.

Company Name: _____

State: 42

Fire

EC & AOP

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		
Stat Plan Code(1)	Policy Identifier (14)	Occurrence Date			Record Inception Date		Terrorism (1)	Policy Type (2)	Transaction ID (2)	Subline (3)	Place (5)	Class (5)	Coverage (2)	Construction (1)	Sprinkler Indicator (1)	Deductible (5)	Type of Loss (2)	Rating ID (2)	Exposure (000) (3)	Loss Amount (9)	Occurrence Identifier (14)	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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