

LOSS

NOTICE OF TRANSMITTAL OF LOSS DATA

UNDER THE TEXAS STATISTICAL

PLAN FOR COMMERCIAL RISKS

COMPANY NAME _____

ACCOUNTING MONTH/YEAR _____

DATE _____

	PAID LOSSES	PAID LOSS RECORDS	LOSSES OUTSTANDING QUARTERLY	O/S LOSS RECORDS
FIRE				
ALLIED LINES & ALL OTHER				
GENERAL LIABILITY				
COMMERCIAL AUTOMOBILE				
COMMERCIAL MISCELLANEOUS				
PERSONAL MISCELLANEOUS				
FIDELITY AND SURETY				
TEXAS BUSINESS OWNERS POLICY				
TOTALS	0.00	0.00	0.00	0.00

Please submit to: Glenda Lopez
Texas Insurance Checking Office
PO Box 15
Austin, TX 78767-0015