

**PREMIUM**

NOTICE OF TRANSMITTAL OF PREMIUM DATA

UNDER THE TEXAS STATISTICAL

PLAN FOR COMMERCIAL RISKS

**COMPANY NAME** \_\_\_\_\_

**ACCOUNTING MONTH/YEAR** \_\_\_\_\_

**DATE** \_\_\_\_\_

	WRITTEN PREMIUM	RECORD COUNT
FIRE		
ALLIED LINES & ALL OTHERS		
GENERAL LIABILITY		
COMMERCIAL AUTOMOBILE		
COMMERCIAL MISCELLANEOUS		
PERSONAL MISCELLANEOUS		
FIDELITY AND SURETY		
TEXAS BUSINESS OWNERS POLICY		
TOTALS	0.00	0.00

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