

LOSS REPORT

Texas Insurance Checking Office, Inc.

Company Name: _____

State: 42

Accounting Month/Year (MM/YYYY) _____

Company No: _____ Fire

Homeowners, Dwelling

EC & AOP

	1	2	3		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
	Stat Plan (1)	Policy Number (10)	Month (2)	Day (2)	Year (1)	Month (2)	Year (1)	PPC (1)	Trans. Kind (1)	Sub-line LOB (2)	Place (5)	Form (1)	No. of Families (1)	Coverage Type (1)	Construction (1)	Deductible (2)	Roof Credit (5)	Type of Loss (1)	Cause of Loss (2)	Claim Count (1)	Amt. Of Insurance or Exposure (4)	Amount Paid or Reserved (6)	Roof Covering (1)	Cosmetic (1)	Law-Ordinance (1)	Sprinkler (1)	9 Digit Zip Code (9)	Optional Endorsement (8)	Coverage Amount (6)	HO-A AEC (1)	Deductible Amount #1 (6)	Deductible Amount #2 (6)	Wind Exclusion (1)		
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