

LOSS REPORT - FARM and RANCH

Texas Insurance Checking Office, Inc.

State 42

Co. Name: _____

Actg. Mo/Yr (MM/YYYY) _____

1	2	3 Date of Loss			4 Pol Eff Date		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Stat Plan (1)	Policy Number (10)	Month (2)	Day (2)	Year (1)	Month (2)	Year (1)	Trans. Kind (1)	Sub-line LOB (3)	Place (5)	Farm Class (4)	Form (1)	Coverage Type (1)	Construction (1)	Deductible (2)	Cause of Loss (2)	Claim Count (1)	Amt. Of Insurance or Exposure (4)	Amount Paid or Reserved (6)	9 Digit Zip Code (9)	Deductible Amount (6)	Wind Exclusion (1)	Annual Statement LOB (3)	Record Inception Date (4)
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