

# LOSS REPORT - FARM and RANCHOWNERS

TEXAS INSURANCE CHECKING OFFICE, INC.

STATE 42

Co. Name: \_\_\_\_\_

Actg. Mo/Yr (MM/YYYY) \_\_\_\_\_

1	2	3 Date of Loss			4 Policy Eff. Date		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Stat Plan (1)	Policy Number (10)	Month (2)	Day (2)	Year (1)	Month (2)	Year (1)	Transaction Kind (1)	Sub-line LOB (2)	Place (5)	Form (1)	Number of families (1)	Coverage/Occup. (1)	Construction (1)	Deductible (2)	Cause of Loss (2)	Claim Count (1)	Amount of Insurance or Exposure (4)	Amount Paid or Reserved (6)	9 Digit Zip Code (9)	Deductible Amount (6)	Wind Exclusion (1)	Class (4)	Annual Statement LOB (3)	Record Inception Date (4)
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