

**LOSS REPORT - FIDELITY and SURETY**  
 Texas Insurance Checking Office, Inc.

*For the Month Ending:* \_\_\_\_\_

*Company Name:* \_\_\_\_\_

*Year (YYYY):* \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Stat Plan Code (2)	Transaction ID (2)	Policy Type (2)	Subline (3)	Form of Coverage (2)	Class (5)	Contract Bond Type (1)	Record Inception Date Year - YY (2) Month - MM (2)	Policy Identifier (14)	Type of Loss (2)	Claim Count (2)	Loss Amount (9)	Occurrence Identifier (claim number) (14)	Received/ Report Date Year - YY (2) Month - MM (2) Day - DD (2)
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