

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