

LOSS REPORT
 Texas Insurance Checking Office, Inc.

FRO

Co. Name _____

Acc. Date _____

	1	2			3	4	5	6	7
		Date of Loss							
	Policy Number	Month	Day	Year	Trans. Kind	Cause of Loss	Claim Count	Amt. Of Insurance or Exposure	Amount Paid or Reserved
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									