

# ATTACHMENT

## LONG FORM

### TEXAS DEPARTMENT OF INSURANCE

#### Texas Commercial Liability Insurance Closed Claim Report Indemnity Payments of \$25,000 or More

Company Name & Address:	_____	Always Complete
	_____	
	_____	
NAIC Company Code:	_____	NAIC Group Code: _____
		Always Complete
Claim File Identification:	_____	Always Complete
Form Completed By:	_____	Tel: _____
Form Reviewed By (Coordinator):	_____	Tel: _____
		Always Complete

**LONG FORM  
TEXAS CLOSED CLAIM REPORT  
INDEMNITY PAYMENTS OF \$25,000 OR MORE**

NAIC Company Code: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

- 1.** a. Date of Injury \_\_\_\_\_ Always Complete  
MM    DD    YYYY
- b. Date reported to insurer \_\_\_\_\_ Always Complete  
MM    DD    YYYY
- c. Date suit filed \_\_\_\_\_ Complete if suit filed  
MM    DD    YYYY
- d. Date of trial or final trial setting \_\_\_\_\_ Complete if trial held  
MM    DD    YYYY
- e. Date of settlement \_\_\_\_\_ Always Complete  
MM    DD    YYYY
- f. Date of jury award \_\_\_\_\_ Complete if rendered  
MM    DD    YYYY
- g. Date claim was closed \_\_\_\_\_ Always Complete  
MM    DD    YYYY
- 2.** Age of injured person at the time of the injury:  
(Indicate months only if child is less than one year of age) \_\_\_\_\_ Always Complete  
Years                      Months
- 3.** a. Was injured person employed at the time of the loss?  
 \_\_\_\_\_ Always Complete  
Y/N
- b. If 3.a if "Y", was the injury work-related? \_\_\_\_\_ Do not respond if 3.a is "N"  
Y/N
- 4.** Type of injury: Always Complete  
Select all that apply
- a. Death \_\_\_\_\_
- b. Amputation \_\_\_\_\_
- c. Burns (heat) \_\_\_\_\_
- d. Burns (chemical) \_\_\_\_\_
- e. Systemic poisoning (toxic substance) \_\_\_\_\_
- f. Systemic poisoning (other) \_\_\_\_\_
- g. Eye injury (blindness) \_\_\_\_\_
- h. Respiratory condition \_\_\_\_\_
- (Question #4 is continued on page 2)



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**TEXAS CLOSED CLAIM REPORT**  
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NAIC Company Code: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

(Question #6 continued)

d. Enter the county code where the case was tried \_\_\_\_\_ Complete if trial started

**7. Policy Information**

a. Policy Type \_\_\_\_\_ Always Complete

Choose one

- 1. Mono-line general liability
- 2. Commercial auto liability
- 3. Texas commercial multiperil (Sec. II liab.; include TCPP & TBOP)
- 4. Medical professional liability
- 5. Other professional liability

b. Policy Form \_\_\_\_\_ Always Complete

Choose one

- 1. Occurrence
- 2. Claims Made

c. Business Class \_\_\_\_\_ Always Complete

Choose one

- 1. Agriculture
- 2. Mining
- 3. Manufacturer of chemical & allied products
- 4. Medical products manufacturers
- 5. Drug manufacturers
- 6. Other products manufacturers
- 7. Transportation
- 8. Wholesale-retail trade
- 9. Municipal/public liability
- 10. Schools (public & private)
- 11. Daycare centers
- 12. Liquor liability
- 13. Non-profit organizations
- 14. Construction firms
- 15. Oil wells & drillings
- 16. Apartments, townhouse & condominiums
- 17. Office
- 18. Churches

(Question #7 is continued on page 4)

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NAIC Company Code: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

(Question #7 continued)

- 19. Physicians & surgeons
- 20. Dentists
- 21. Oral surgeons
- 22. Hospital
- 23. Nursing Home
- 24. Professionals – lawyers
- 25. Professionals – D&O
- 26. Other \_\_\_\_\_  
(Give Brief Description)

d. Policy limits for bodily injury: Always Complete  
Indicate the limit for individual bodily injuries with all zeroes shown in the response. Do not use slashes or abbreviations in the response

Complete all that apply:

- 1. Per person (commercial auto only)..... \$ \_\_\_\_\_
- 2. Per occurrence/accident..... \$ \_\_\_\_\_
- 3. Combined single limit ..... \$ \_\_\_\_\_

**8. a.** Indicate the initial reserve first established for the indemnity portion of the claim after investigation of the claim or review of the file. Do not report formula or fast track reserves..... \$ \_\_\_\_\_ **Answer 8a – 8f  
in whole dollars**

Always Complete

b. Indicate the initial reserve first established for expenses relating to the claim after investigation of the claim or review of the reserves..... \$ \_\_\_\_\_

Always Complete

c. Indicate (a + b)..... \$ \_\_\_\_\_

Always Complete

d. Indicate the reserve for the indemnity portion of the claim just before the file was closed..... \$ \_\_\_\_\_

Always Complete

e. Indicate the reserve for expenses relating to the claim just before the file was closed ..... \$ \_\_\_\_\_

Always Complete

f. Indicate (d + e)..... \$ \_\_\_\_\_

Always Complete

**9. a.** Was an attorney employed by the plaintiff? \_\_\_\_\_  
(Y/N)

Always Complete

b. Was an attorney (outside or in-house) employed by the insurer?.....  
(Y/N)

Always Complete

c. Was an attorney employed by the insured?.....  
(Y/N)

Always Complete

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**10. a.** At what stage of the legal system was a settlement reached or an award made? \_\_\_\_\_ Always Complete

Choose One

1. Alternative dispute resolution with no suit filed
2. No suit filed
3. Alternative dispute resolution after suit filed
4. Suit filed but settlement reached before trial  
If you choose 1, 2, 3 or 4, complete items 11.a, 11.e, 12.a, 12.c, 13.c, 13.d, 13.e, 14, 15, 16 and 17.
5. During trial, but before court verdict  
If you choose 5, complete items 10.c, 11.a, 11.e, 12.a, 12.c, 13.c, 13.d, 13.e, 14, 15, 16 and 17.
6. Court verdict  
If you choose 6, complete items 10.b, 10.c, 10.e, 11.a, 11.b, 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 & 17.
7. Settlement reached after court verdict  
If you choose 7, complete items 10.b, 10.c, 10.e, 11.a, 11.b, 11.c, and 11.d. Also complete 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 and 17.
8. Settlement reached after appeal was filed  
If you choose 8, complete items 10.b through 10.f, and 11.a through 11.c. If item 11.c is "Y", then complete 11.d. Also complete 12.a, 12.c, 13.a, 13.b, 13.e, 14, 15, 16 and 17.
9. Case dismissed or summary judgment  
If you choose 9, contact the Texas Department of Insurance for further instructions.

**b.** If a court verdict is indicated, indicate the result by choosing one of the following \_\_\_\_\_

Choose One

1. Directed verdict for the plaintiff
2. Directed verdict for the defendant
3. Judgment notwithstanding the verdict for the plaintiff
4. Judgment notwithstanding the verdict for the defendant
5. Judgment for the plaintiff
6. Judgment for the defendant
7. For plaintiff, after appeal
8. For defendant, after appeal
9. All others

**c.** If the case went to trial, was it \_\_\_\_\_

Choose One

1. Trial by judge and jury
2. Trial by judge alone

**d.** If appealed, who requested the appeal \_\_\_\_\_

Choose One

1. Plaintiff
2. Defendant

(Question #10 is continued on page 6)

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(Question #10 continued)

e. Did the court order a remittitur? \_\_\_\_\_  
Y/N

f. If yes, indicate the amount by which the original  
 award was reduced \_\_\_\_\_ \$

11. a. Indicate the amount of the final demand by claimant  
 or attorney for claimant \_\_\_\_\_ \$

Always Complete

b. 1. If the case was closed as a result of a court  
 verdict or settled after a court verdict, what was  
 the amount of the court verdict? \_\_\_\_\_ \$

If there is no court verdict,  
 please skip to item 11.e.

2. How was this amount distributed between:  
Complete all that apply

Round to whole dollars

- a. Economic losses \_\_\_\_\_ \$
- b. Non-economic losses \_\_\_\_\_ \$
- c. Exemplary damages \_\_\_\_\_ \$
- d. Prejudgment interest \_\_\_\_\_ \$
- e. Total \_\_\_\_\_ \$

c. Was the total amount paid as a result of the  
 settlement after a court verdict different from the  
 amount stated in the court verdict? \_\_\_\_\_  
(Y/N)

d. 1. If "Y", what was the amount of the settlement after  
 the court verdict? \_\_\_\_\_ \$

2. Was this settlement influenced by a demand for or  
 possible award of non-economic, exemplary  
 damages, or prejudgment interest? \_\_\_\_\_  
(Y/N)

3. If yes, estimate the amount of the following as  
 contemplated in your settlement:

Round to whole dollars

- Complete all that apply
- a. Economic losses \_\_\_\_\_ \$ \*
  - b. Non-economic losses \_\_\_\_\_ \$ \*
  - c. Exemplary damages \_\_\_\_\_ \$ \*
  - d. Prejudgment interest \_\_\_\_\_ \$ \*
  - e. Total \_\_\_\_\_ \$

\* Indicates that the question calls for your most candid expert opinion

(Question #11 is continued on page 7)

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(Question #11 continued)

- e. 1. If no suit was filed or the claim was closed before reaching court or before reaching a court decision, what was the amount of the settlement? ..... \$ \_\_\_\_\_
- Item 11.e.1 must agree with item 12.a.7 if there is no court verdict
2. Was this settlement influenced by a demand for or possible award of non-economic exemplary damages or prejudgment interest?..... \_\_\_\_\_ (Y/N)
- If item 11.e.2 is "N" do not respond to item 11.e.3
3. If yes, estimate the amount of the following as contemplated in your settlement: Round to whole dollars
- Complete all that apply
- |                               |    |   |
|-------------------------------|----|---|
| a. Economic losses .....      | \$ | * |
| b. Non-economic losses .....  | \$ | * |
| c. Exemplary damages .....    | \$ | * |
| d. Prejudgment interest ..... | \$ | * |
| e. Total .....                | \$ |   |

- 12. a.** Please indicate the following dollar amounts as applicable to this claim A response is required in item 12.a.1 or 12.a.2.

- Complete all that apply Round to whole dollars
- |  |    |  |
|--|----|--|
| 1. Amount paid by the primary carrier .....  | \$ |  |
| 2. Amount paid by the insured, due to deductible .....   | \$ |  |
| 3. Amount paid by the excess carrier (indicate "unknown" when applicable) .....  | \$ |  |
| 4. Amount paid by the insured due to settlement or award in excess of policy limits (indicate "unknown" when applicable) ..... | \$ |  |
| 5. Amount paid by other insurers on behalf of the other defendants (indicate "unknown" when applicable) .....                  | \$ |  |
| 6. Amount paid by other defendants that were not insured (indicate "unknown" when applicable) .....                            | \$ |  |
| 7. Total amount of settlement or court award.....  | \$ |  |
- Item 12.a.7 requires a response. Do not include "unknown".

\* Indicates that the question calls for your most candid expert opinion

(Question #12 is continued on page B)

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(Question #12 continued)

- b. Please provide the following information for each of the other insurers contributing to the total settlement in this claim:

	Company Name	NAIC Co. Number	Amount Paid
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____

- c. Are any other defendants still in litigation relative to this claim? \_\_\_\_\_ Always Complete  
(Y/N)

- 13.** a. In cases that closed due to a court verdict or settlement after a court verdict, did the judgment provide or joint and several liability in regard to any defendant? \_\_\_\_\_ Complete items 13.a and 13.b only if there is a court verdict  
(Y/N)

- b. Complete the following table for cases that closed due to a court verdict or settlement reached after a court verdict: Round to whole dollars

	Percent of Fault Assigned by Court Verdict To	Total Amount Paid or Awarded by a Court Verdict	Total Amount Paid in Settlement After Verdict
1. Injured party	%	-----N/A-----	-----N/A-----
2. Your insured	%	\$ _____	\$ _____
3. Other insured defendants	%	\$ _____	\$ _____
4. Other uninsured defendants	%	\$ _____	\$ _____
5. Total verdict amount.....		\$ _____	
6. Total pay out amount in settlement after verdict.....			\$ _____

- c. In cases that were settled before a court verdict, did the doctrine of joint and several liability impact the settlement? \_\_\_\_\_ Complete item 13.c if there is not a court verdict  
(Y/N)

(Question #13 is continued on page 9)

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(Question #13 continued)

d. Indicate the following for cases that were settled before a court verdict.

Complete item 13.d if there is not a court verdict.

Round to whole dollars

	Estimated % of Fault Assigned To	Total Amount Paid in Settlement
1. Injured party	%*	-----N/A-----
2. Your insured	%*	\$ _____
3. Other insured defendants	%*	\$ _____
4. Other uninsured defendants	%*	\$ _____
5. Total payout .....	%*	\$ _____

e. 1. How many other defendants were there?

If there are no other defendants, then leave blank

(enter the applicable alpha character from below in the space provided)..... \_\_\_\_\_

Choose one

- A. One
- B. Two
- C. Three
- D. Four
- E. Five
- F. Six
- G. More than six

2. Indicate the following for the other defendants:

Complete if 13.e.1 is answered

Complete all that apply

	How Many Insured Defendants?	How Many Uninsured Defendants?
a. Municipal.....	_____	_____
b. Government other than municipal .....	_____	_____
c. Business .....	_____	_____
d. Industrial .....	_____	_____
e. Non-profit organizations.....	_____	_____
f. Hospital.....	_____	_____
g. Physicians & surgeons.....	_____	_____
h. Other health care providers.....	_____	_____
i. All others.....	_____	_____

Please indicate numbers. Do not use "X" marks or check marks.

\* Indicates that the question calls for your most candid expert opinion

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NAIC Company Code: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

- 14. a.** Was workers' compensation available to the injured party? \_\_\_\_\_  
(Y/N) Always Complete
- b.** Are you aware of any other collateral sources available to the injured party? \_\_\_\_\_  
(Y/N) Always Complete
- c.** If 14.b is "Y", indicate which of the following sources were available:
- Select all that apply
1. Medical insurance \_\_\_\_\_  
 2. Disability insurance \_\_\_\_\_  
 3. Social security disability/supplementary security benefits \_\_\_\_\_  
 4. Medicare, Medicaid \_\_\_\_\_  
 5. Sick leave \_\_\_\_\_  
 6. Other \_\_\_\_\_
- 15. a.** Are you aware of any lawsuit(s) which has (have) been filed under rights of subrogation, contribution or indemnification in connection with this claim? \_\_\_\_\_  
(Y/N) Always Complete
- b.** If 15.a is "Y", indicate your status in that suit: \_\_\_\_\_
- Choose one
1. Plaintiff  
 2. Defendant  
 3. Not Involved  
 4. Both
- 16. a.** Was a structured settlement used in closing the claim? \_\_\_\_\_  
(Y/N) Always Complete
- b.** If 16.a is "Y", please complete the following: Round to whole dollars
1. Immediate payment \_\_\_\_\_ \$
2. Present value of projected total future payment (price of an annuity if purchased) \_\_\_\_\_ \$
3. Total award or settlement (1 + 2) \_\_\_\_\_ \$ 16.b.3 must equal item 12.a.7 if 16.a is "Y".
4. Indicate the total projected future pay out \_\_\_\_\_ \$
- c.** Was a structured settlement used to pay the plaintiff's attorney's fee? \_\_\_\_\_  
(Y/N) Always Complete

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NAIC Company Code: \_\_\_\_\_ NAIC Group Code: \_\_\_\_\_

- |            |  |          |  |
|------------|--|----------|--|
| <b>17.</b> | a. Indicate the amount paid to outside defense counsel.....  | \$ _____ | Round to whole dollars.                              |
|            | b. Indicate any allocated expense for in-house defense counsel.....  | \$ _____ |  |
|            | c. Indicate the amount of other allocated loss adjustment expenses, such as court costs and stenographers..... | \$ _____ |  |
|            | d. Indicate the total allocated loss adjustment expense (a + b + c).....                                       | \$ _____ | 17.d must equal the sum of items 17.a. through 17.c. |

Additional Comments (optional):

# **EVALUATION OF EARLY OFFER REFORM ON MEDICAL MALPRACTICE CLAIMS: FINAL REPORT**

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