LONG FORM

TEXAS DEPARTMENT OF INSURANCE

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

Company Name & Address: ________________________________

____________________________________________________

____________________________________________________

NAIC Company Code: ___________ NAIC Group Code: ___________

Claim File Identification: _________________________________

Form Completed By: ___________________ Tel: ________________

Form Reviewed By (Coordinator): ___________________ Tel: ________________
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
   b. Date reported to insurer ______________________________________ / / Always Complete
   c. Date suit filed ______________________________________________ / / Complete if suit filed
   d. Date of trial or final trial setting ________________________________ / / Complete if trial held
   e. Date of settlement ____________________________________________ / / Always Complete
   f. Date of jury award ____________________________________________ / / Complete if rendered
   g. Date claim was closed _________________________________________ / / Always Complete

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

3. a. Was injured person employed at the time of the loss?
   ____________________________________________________________________________ Y/N Always Complete
   b. If 3.a if ‘Y’, was the injury work-related? ________________________________ Y/N Do not respond if 3.a is ‘N’

4. Type of injury:
   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)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

(Question #4 continued)

(i. Nervous condition
(j. Hearing loss or impairment
(k. Circulatory condition
(l. Multiple Injury (broken limbs, lacerations, contusions)
(m. Back injury
(n. Skin disorder
(o. Brain damage
(p. Scarring
(q. Spinal cord injuries (including paraplegia and quadriplegia)
(r. Other

(Give Brief Description)

5. How did the injury occur?
Select all that apply

(a. Off road vehicle
(b. Air transportation
(c. Railway
(d. Other motor vehicle
(e. Complications, misadventures of surgical/medical care
(f. Falls
(g. Drowning
(h. Use of defective product
(i. Fire
(j. Firearm
(k. Pollution or long-term exposure to toxic material
(l. Explosions
(m. Use of agricultural machinery
(n. Oil & gas extractions
(o. Other

(Give Brief Description)

Always Complete

6. a. Where did the injury occur?
(Choose either 1 or 2 and then complete the applicable item below)
Enter either 1 or 2

1. Texas
   City Name
   County Name

2. Other
   (Brief Location, i.e.: Off-shore, Name of State, etc.)

b. If Texas, enter county code where the injury occurred

(c. Enter the county code where suit was initially filed

(Question #5 is continued on page 3)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

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 multi-peril (Sec. liab., include TCP & 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)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

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)

Always Complete

Policy limits for bodily injury:
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
10. a. At what stage of the legal system was a settlement reached or an award made?

   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.a, 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.a, 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, 12.e,
      14, 15, 16 and 17.
   8. Settlement reached after appeal was filed
      If you choose 8, complete items 10.a, 10.b, through 10.f, and 11.a
      through 11.e. If Item 11.e 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 not withstanding the verdict for the plaintiff
   4. Judgment not withstanding 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)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

NAIC Company Code: ___________ NAIC Group Code: ___________

(Question #10 continued)

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

   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: 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)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

NAIC Company Code: ____________  NAIC Group Code: ____________

(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:

   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

   Complete all that apply
   A response is required in item 12.a.1 or 12.a.2.

   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 $ ________________

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

(Question #12 is continued on page 8)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

NAIC Company Code: ____________ NAIC Group Code: ____________

(Question #12 continued)

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>NAIC Co. Number</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

c. Are any other defendants still in litigation relative to this claim? ________________________________ (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? ________________________________________ (Y/N)  

13. b. Complete items 13.a and 13.b only if there is a court verdict.

13. c. Complete the following table for cases that closed due to a court verdict or settlement reached after a court verdict:

<table>
<thead>
<tr>
<th>Percent of Fault Assigned by Court Verdict To</th>
<th>Total Amount Paid or Awarded by a Court Verdict</th>
<th>Total Amount Paid in Settlement After Verdict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injured party %</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Your insured %</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other insured defendants %</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other uninsured defendants %</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total verdict amount %</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

c. In cases that were settled before a court verdict, did the doctrine of joint and several liability impact the settlement? ________________________________________ (Y/N)

(Question #13 is continued on page 9)
LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF $25,000 OR MORE

NAIC Company Code: ___________ NAIC Group Code: ___________

(Question #13 continued)

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

<table>
<thead>
<tr>
<th>Estimated % of Fault Assigned To</th>
<th>Total Amount Paid in Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Injured party</td>
<td>%*</td>
</tr>
<tr>
<td>2. Your insured</td>
<td>%*</td>
</tr>
<tr>
<td>3. Other insured defendants</td>
<td>%*</td>
</tr>
<tr>
<td>4. Other uninsured defendants</td>
<td>%*</td>
</tr>
<tr>
<td>5. Total payout</td>
<td></td>
</tr>
</tbody>
</table>

Round to whole dollars.

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

1. How many other defendants were there? (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

If there are no other defendants, then leave blank.

2. Indicate the following for the other defendants: Complete if 13.e.1 is answered

Complete all that apply

<table>
<thead>
<tr>
<th>How Many Insured Defendants?</th>
<th>How Many Uninsured Defendants?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Municipal</td>
<td></td>
</tr>
<tr>
<td>b. Government other than municipal</td>
<td></td>
</tr>
<tr>
<td>c. Business</td>
<td></td>
</tr>
<tr>
<td>d. Industrial</td>
<td></td>
</tr>
<tr>
<td>e. Non-profit organizations</td>
<td></td>
</tr>
<tr>
<td>f. Hospital</td>
<td></td>
</tr>
<tr>
<td>g. Physicians &amp; surgeons</td>
<td></td>
</tr>
<tr>
<td>h. Other health care providers</td>
<td></td>
</tr>
<tr>
<td>i. All others</td>
<td></td>
</tr>
</tbody>
</table>

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

(Annotated version as of May 2003)
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:
   1. Immediate payment $  
   2. Present value of projected total future payment (price of an annuity if purchased) $  
   3. Total award or settlement (1 + 2) $  
   4. Indicate the total projected future pay out $  
   16.b.3 must equal item 12.a.7 if 16.a is "Y".

c. Was a structured settlement used to pay the plaintiff's attorney's fee? (Y/N)  
   Always Complete
### LONG FORM
**TEXAS CLOSED CLAIM REPORT**
**INDEMNITY PAYMENTS OF $25,000 OR MORE**

<table>
<thead>
<tr>
<th>NAIC Company Code:</th>
<th>NAIC Group Code:</th>
</tr>
</thead>
</table>

17. **a.** Indicate the amount paid to outside defense counsel: $ ________________

17. **b.** Indicate any allocated expense for in-house defense counsel: $ ________________

17. **c.** Indicate the amount of other allocated loss adjustment expenses, such as court costs and stenographers: $ ________________

17. **d.** Indicate the total allocated loss adjustment expense: $ ________________

---

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

Return to the Full Report at: