



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

### MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION

#### **Introduction:**

Public Act 05-275 (the “Act”) requires Medical Malpractice insurance providers to report closed claims data to the Connecticut Department of Insurance (the “Department”) and authorizes the Department to establish a reporting format to capture this data. The reporting requirement applies to all admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities. A quarterly report is required to be sent to the Department not later than 10 days after the close of the quarter in which the claim is closed.

#### **Public Act 07-25**

Effective October 1, 2007 Public Act No. 07-25<sup>1</sup> (the “Act”) expanded the scope of closed medical malpractice claims required to be reported to the Insurance Department to include data for all “medical professionals”. Users will need to review the Department Medical Malpractice notice issued on October 11, 2007 which further defines medical professionals. Please note that this list is in addition to the physician, surgeon, physician assistant and advanced practice registered nurse closed claims companies were previously reporting to the Department.

The link can be found at the following URL address:

[www.ct.gov/cid/lib/cid/notMM07-25.pdf](http://www.ct.gov/cid/lib/cid/notMM07-25.pdf)

The Act requires that all insurers report, among other information, the costs of defending medical malpractice claims, and paying judgments and settlements for their insured health care professionals and health care entities. The closed claim report must be submitted via the Department’s web based on-line Medical Malpractice reporting tool.

While submitting information via the Department’s web based reporting tool, users can access this *Medical Malpractice Closed Claims Data Collection Application User Guide* for instructions. If you need assistance or have questions regarding an insurer’s closed claim reporting obligations, you may contact the Department at (860) 297-3867 or via e-mail at [cid.pc@ct.gov](mailto:cid.pc@ct.gov). Subject matter should reference Medical Malpractice Closed Claim database: Attention – George Bradner

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<sup>1</sup> Public Act No. 07-25 can be accessed at: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00025-R00SB-00249-PA.htm>

## Definitions and Terms:

**Claim:** “Claim” means a request for indemnification filed by a physician, surgeon, hospital, advanced practice registered nurse or physician assistant pursuant to a professional liability policy **for a loss for which an insurer has established a reserve amount.**

**Closed Claim:** “Closed Claim” means a claim that has been settled, or otherwise disposed of through judicial process, where the insurer has made all indemnity **and expense payments** on the claim.

The Department understands that some insurers may define a claim as closed when the final indemnity amount has been established. The statute clearly defines a "closed claim" as one “where the insurer has made all indemnity and expense payments on a claim”. In order to accommodate this situation the Department request that companies delay submission of such claims until the next quarterly report in order to capture all paid expenses.

For those insurers who don't mark claims as closed until all expenses are paid they will be required to report based on the calendar quarter the claim was closed.

**Insured:** The term “insured” includes those individuals and entities for which an insurer provides coverage for medical malpractice liability claims.

**Insurer:** “Insurer” means an insurer that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability. "Insurer" includes, but is not limited to, admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities.

### **Captive Domicile:**

The jurisdiction where the captive has obtained its original license and under whose laws it is organized as a legal entity.

### **Captive License #:**

The license number given to the captive by the regulators in the captive domicile.

### **Non-Hospital Healthcare Provider:**

A long-term care facility; a physician group practice.

### **Self-Insured Trust:**

A trust maintained by a health care provider in which liability is accrued and assets held for the payment of professional liability claims.

### **Voluntary Attending Physician:**

A credentialed member of a health care facility's medical staff who is not employed by the health care facility.

## **Yearly Reporting Financial Terms & Definitions:**

### **Commercial Insurer**

**Paid Losses (including ALAE):** This should be the losses and ALAE paid during the calendar year for the Specialty Group.

**Incurred Losses (including ALAE):** This should be the losses and ALAE, excluding Incurred But Not Reported (“IBNR”) reserves, incurred during the calendar year for this Specialty Group.

### **Hospital/Captive:**

Hospital/Captive without Voluntary Attending Physicians

#### **Hospital Professional Liability Premium (No General Liability) –**

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

#### **Hospital Net Retained Paid Professional Liability Losses –**

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

**Hospital Net Retained Incurred Professional Liability Losses –** The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

Hospital/Captive with Voluntary Attending Physicians

#### **Hospital Professional Liability Premium (No General Liability) –**

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

#### **Hospital Net Retained Paid Professional Liability Losses –**

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

#### **Hospital Net Retained Incurred Professional Liability Losses –**

The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

**Hospital/Self Insured Trust**

**Trust Net Retained Professional Liability Losses Paid** - Those paid claims and associated loss adjustment expenses paid by the trust within the amount of net retained exposure (exclusive of any excess insurance or reinsurance).

**Trust Net Retained Professional Liability Losses Incurred** - The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end.

## Medical Malpractice Online Reporting Tool Instruction

To be able to have access to the Connecticut Insurance Department Medical Malpractice On-line Reporting tool, you will need to request your User ID; it will take the department 24 to 48 hours to grant access to your User ID.

The user is the person who is responsible for submitting data to the department. Each user can select what type of information they are responsible to submit, such as “Yearly Information”, “Closed Claims Information” or both. In order to protect the uniqueness of the data submitted from user(s), we limit the company to have only one user for each role only. One user can be responsible to submit both, yearly data and quarterly closed claims data. The user(s) options are for example:

1. User A responsible for Yearly data, user B responsible for quarterly closed claims; or
2. User A responsible for yearly and quarterly closed claims data.

In other words, you may either have one user responsible for both yearly and closed claim information, or you may have two users; one responsible for yearly information, and the other responsible for closed claim information. You may **not** have two users report the same type of information.

**Note:** In the Company Request screen, *do not* use the Captive Tax ID for the Tax ID box but use your company Tax ID instead.

Click here to start:

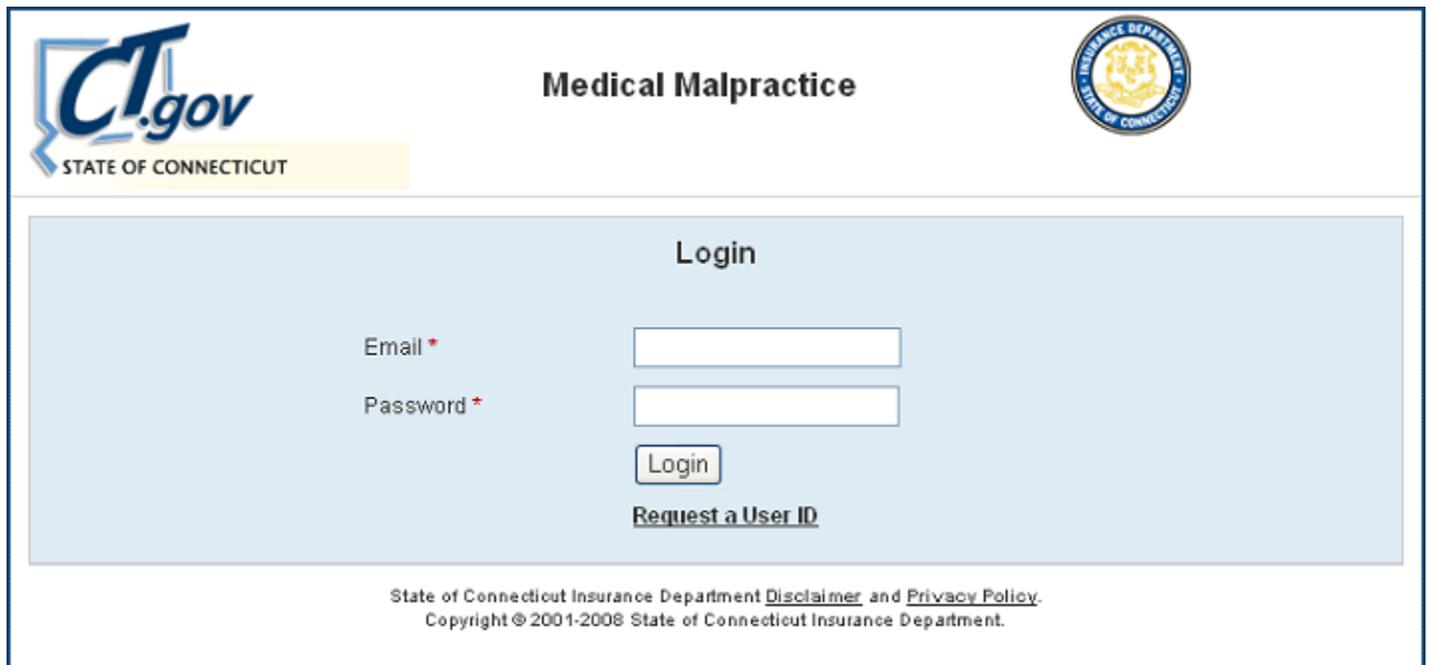
[https://www.cid-online.ct.gov/mmdc/Login\\_input.action](https://www.cid-online.ct.gov/mmdc/Login_input.action)

To Bookmark this page:

1. Right mouse click on this page
2. Select “Add to Favorite” for Window Internet Explorer, or select “Bookmark This Page” if you are using Firefox web browser.

## Request a User ID

1. Click “Request a User ID” link on this screen



The screenshot shows the top section of a web application. On the left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. In the center is the title 'Medical Malpractice'. On the right is the State of Connecticut Insurance Department seal. Below the title is a light blue box containing a 'Login' form with fields for 'Email \*' and 'Password \*', a 'Login' button, and a link for 'Request a User ID'. At the bottom of the page is a footer with a disclaimer and copyright notice.

**CT.gov**  
STATE OF CONNECTICUT

**Medical Malpractice**

**INSURANCE DEPARTMENT**  
STATE OF CONNECTICUT

**Login**

Email \*

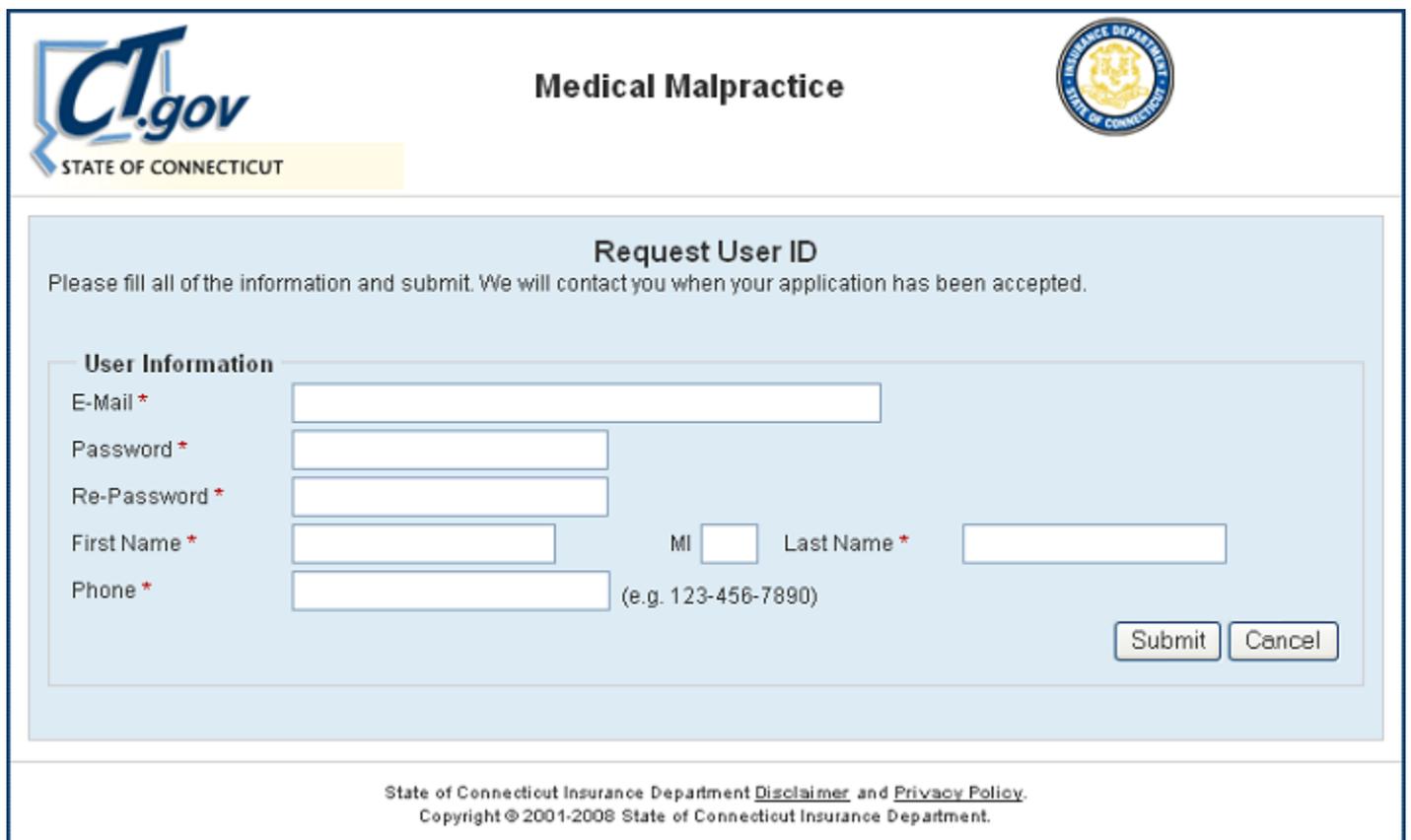
Password \*

Login

[Request a User ID](#)

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2. Enter the User Information



The screenshot shows the 'Request User ID' form. It has the same header as the previous page. The main content area is a light blue box with the title 'Request User ID' and a message: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below this is a 'User Information' section with fields for 'E-Mail \*', 'Password \*', 'Re-Password \*', 'First Name \*', 'MI' (with a dropdown), 'Last Name \*', and 'Phone \*' (with an example '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. The footer is identical to the previous page.

**CT.gov**  
STATE OF CONNECTICUT

**Medical Malpractice**

**INSURANCE DEPARTMENT**  
STATE OF CONNECTICUT

**Request User ID**

Please fill all of the information and submit. We will contact you when your application has been accepted.

**User Information**

E-Mail \*

Password \*

Re-Password \*

First Name \*  MI  Last Name \*

Phone \*  (e.g. 123-456-7890)

Submit Cancel

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### 3. Enter the Company Information

- Select the Business Type and enter the information that corresponds to the company that will be granted access to submitting the data.
- Select the user's role – Yearly Data, Quarterly Closed Claims or both.
- The Contact Person on this screen is the person who will be able to answer questions regarding the data submitted on behalf of the company. If this person and the user are the same person, then select “Yes” for the question “Is the information below same as the User Contact Information?” The user information from the previous screen will be filled in for you.
- Click “Submit”

### Request a Company

Please enter the information of the company to register

Business Type \*

Tax ID \*  (e.g. 12-3456789)

Name of Self-Insured \*

**What Information do you require to access?**

Yearly Information  Closed Claims

**Is the information below the same as the User Contact Information?**

Yes  No

**Contact person for questions regarding data**

First Name \*  MI  Last Name \*

Phone \*  (e.g. 123-456-7890)

E-mail \*

4. Add another Company or Finish – This option is for the Third Party Administrator who will be responsible to submit data for more than one company. You can add another company now or you can wait until any other time. Click “Finish User Registration” and you will be brought back to the Login Page. You must allow some time for the User ID to be processed by The Department of Insurance.



 **Medical Malpractice** 

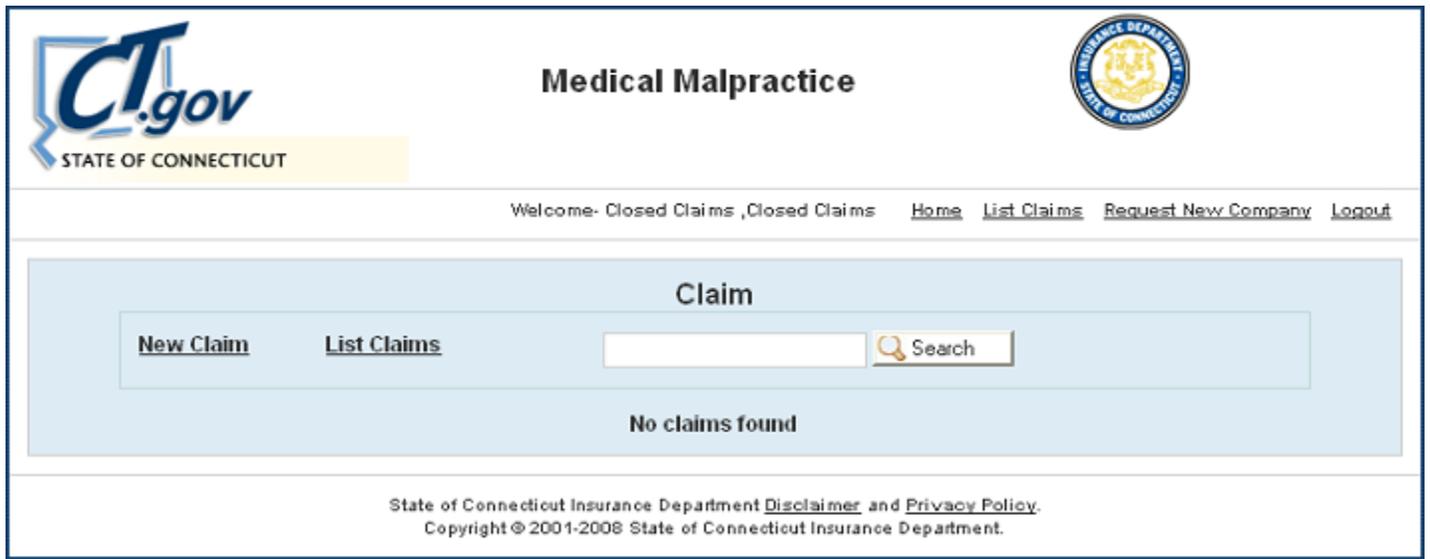
STATE OF CONNECTICUT

**What do you want to do now?**

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Copyright © 2001-2008 State of Connecticut Insurance Department.

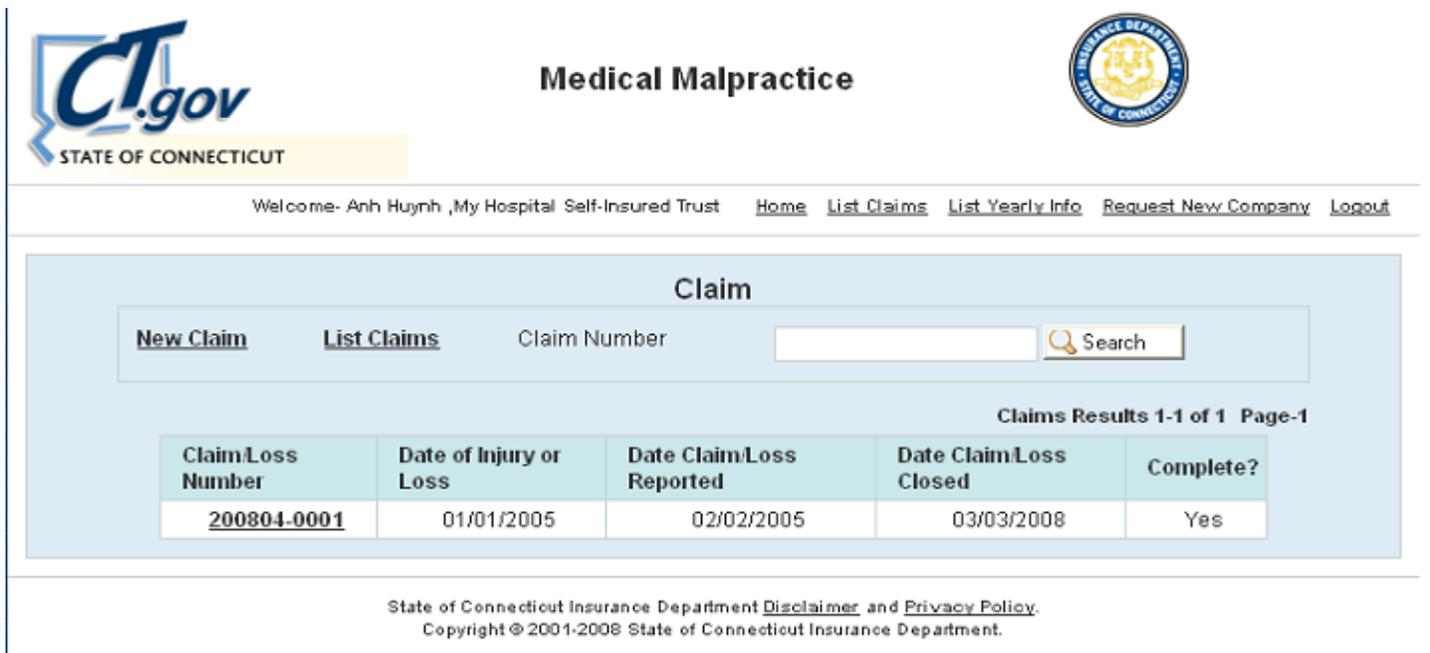
## Closed Claim reporting

- A “No claims found” message will appear when you login for the first time, or if you have yet to submit any claims



The screenshot shows the CT.gov Medical Malpractice portal. At the top left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. To the right is the title 'Medical Malpractice' and the Insurance Department logo. Below the title is a navigation bar with links: 'Welcome- Closed Claims ,Closed Claims', 'Home', 'List Claims', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains two links: 'New Claim' and 'List Claims'. Below these links is a search box with a magnifying glass icon and the text 'Search'. Underneath the search box, the text 'No claims found' is displayed. At the bottom of the page, there is a footer with the text: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

- Your claim(s) will be displayed, as shown below, after you have submitted them.



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. At the top left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. To the right is the title 'Medical Malpractice' and the Insurance Department logo. Below the title is a navigation bar with links: 'Welcome- Anh Huynh ,My Hospital Self-Insured Trust', 'Home', 'List Claims', 'List Yearly Info', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains two links: 'New Claim' and 'List Claims'. Below these links is a search box with the text 'Claim Number' and a magnifying glass icon and the text 'Search'. Underneath the search box, the text 'Claims Results 1-1 of 1 Page-1' is displayed. Below this text is a table with the following data:

Claim/Loss Number	Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	Complete?
<a href="#">200804-0001</a>	01/01/2005	02/02/2005	03/03/2008	Yes

At the bottom of the page, there is a footer with the text: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

- This page is known as the “Home” or “List Claims” page. Click the “Home” or “List Claims” link from any other page to return here.
- The “List Yearly Info” link is only displayed for the user with the two user roles: “Closed Claims” and “Yearly Information”.
- The “Request New Company” link allows you to add another company into your list – This option is for the third party administration that needs to enter information for more than one company. 24 to 48 hours are required in order to grant access to a user before they can start to file a claim for that company.
- Click logout in the top right corner of your screen, or close your web browser to log out of the application.
- Search for a claim – To search for a previously submitted claim, enter the claim number into the claim number box and click the search button. This will allow you to search without scanning the entire list.

**Add a New Claim** – Click the “New Claim” link to submit a new claim

1. **Injured Party Information** – Fill out the injured party’s information as required. For the age category, select an age group to categorize by one of the given groups, or select “Date Of Birth” to enter an exact birth date.

### Injured Party Information

#### Claim Details

Claim/Loss Number \*

County where claim incident occurred \*

Date of Injury or Loss \*

Date Claim/Loss Reported \*

Date Claim/Loss Closed \*

#### Injured Person Details

First Name \*  Middle Name  Last Name \*

Date Of Birth  Age Group      Age Group \*

Gender \*     Male     Female

#### Injury Details

Name of institution where loss/injury occurred \*

Type of Location where loss/injury occurred \*

Act or Omission Type \*

Act or Omission Description \*

Severity rating(NAIC) \*

Attorney \*  **and/or** Attorneys Law Firm \*

2. Lawsuit File Information: Select whether or not a lawsuit was filed. This answer will determine the Judgment/Settlement information required in further steps.

### Lawsuit Information

**Lawsuit Information**

Was a Suit filed?  Yes  No

Date Suit Filed \*  

Name of Court Suit Filed in \*  

Docket Number \*   
(N/A if Unavailable)

3. Select Insured/Policyholder type – Business Entity or Individual
- **Individual** – Enter the license number of the insured individual. If you don't know the license number, click the "[Search License Number](#)" link to search for it by the Name of the individual on the Public Health Department Web Site. After entering the number into the given box, click "Search" to search from the Insurance Department Insurer list. If the license is found, then it will display in the table with the individual's information. Select that individual and it will pre-fill the individual's information such as Name, Address, License, Specialty, and Policy Limits. The database containing this information at our department is new and may not contain a prefilled information table. If that is the case, you must proceed and enter the information manually, using the information from the claim, or the Public Health Department Web Site.
  - **Business Entity** – Type in the whole or part of the Entity's Name, then click the "Search" button to search for the Entity already on the Insurance Department Insurer List. If the Entity is found then it will display in the table. Select the Entity you want in order to pre-fill the Entity's Name, address, policy limits, and specialty. The same principle applies here as well. You may need to proceed without using the pre-fill table, and enter the information manually on the next page.

### Insured/Policy Holder Information

**Search Insured/Policy Holder**

**Search and Select a Insured/Policy Holder and click proceed or simply click proceed to skip this page**

<b>Is Insured *</b>	<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual
<b>Enter License Number</b>	<input type="text"/>
<a href="#">Search License Number</a>	<input type="button" value="Search"/>

4. Insured/Policyholder Information: Some of this information may be prefilled based on the previous step. If not, fill in the required information.

For a claim with multiple insured parties involved. Click “[Add Insured](#)” option on the claim’s detail screen, it will allow you to add another insured party without re-enter the injured party information all over again.

### Insured/Policy Holder Information

**Insured/Entity Details**  
Name of Entity \*   
Address1 \*   
Address2   
City \*   
State \*   
Zip Code \*   
Policy Number \*   
Specialty \*   
Insured Policy Limits \*

Initial Indemnity and Expense Reserve \*   
Final Indemnity and Expense Reserve \*   
Loss Adjustment Expenses paid to Defense Counsel \*   
All Other Allocated Loss Adjustment Expenses Paid \*   
Close Date  

**Is Insured/Entity \***  Primary  Excess  
**Occurrence/Claim \***  Occurrence  Claim-Made

5. Settlement Options – If no lawsuit was selected in the second step, this screen will appear for settlement information **not** based on judgment through a lawsuit.
  - The “Withdrawn” and “Abandon” options will not require the Award details screen, and the claim submitting process will be finished.
  - The “Settlement” option will ask for the Settlement Date and Settlement code, as seen below, followed by the Settlement Award Details screen based on the Settlement code selected. For settlements before litigation, you will be asked to fill out further award details, as seen in step 7. For settlements without an award, and in this case, not decided by lawsuit, the claim submitting process will be finished.

**Judgment/Settlement Information**

**Outcome Information**

Settlement
  Withdrawn
  Abandon

**Judgment/Settlement Information**

**Outcome Information**

Settlement
  Withdrawn
  Abandon

**Settlement Information**

Date of Settlement \*

Settlement Code \*

Were Other Companies Involved \*  No  Yes

6. Judgment/Settlement Options – If yes was selected for a lawsuit in step 2, this screen will appear for judgment or settlement information based on the lawsuit filed.

**Judgment/Settlement Information**

**Outcome Information**

Judgment
  Settlement
  Withdrawn
  Abandon

Were Other Companies Involved \*  No  Yes

- If the outcome is “Withdrawn” or “Abandon”, the claim submitting process will be finished.
- If “Settlement” is selected, fill in the required information as prompted, based on the settlement code, and then follow step 7.
- If “Judgment” is selected, follow steps 8 through 10.

7. Settlement Award Detail screen

- No Settlement Award will be required if the Settlement Code was “Settlement Without Award”, regardless of a lawsuit being filed or not.
- The first screen below will appear after selecting the “Settlement” option when a lawsuit was not filed and the Settlement Code was “Settlement Before Litigation”. It will also appear after selecting the “Settlement” option when a lawsuit was filed, and the Settlement Code was either: “Settlement Before Litigation”, “Settlement During Trial” and “Settlement After Trial But Before Judgment”.
- If the “Settlement Option” when a lawsuit was filed was selected along with the “Settlement After Judgment” Settlement Code, the second screen below will appear. After filling out each “Settlement Award” page, the claim submitting process will be finished.

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>

### Settlement Award

**Settlement Information**

**Structured Settlement \***

No  Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>
4. Amount of Initial Award (if rendered by Jury or Awarded by Court) *	<input type="text"/>

8. Judgment Option – After “Judgment” is selected as the outcome information, you will be required to specify further details about the judgment process.
- Trial Option 1 – “Withdrawn” or “Dismissed” (Select if judgment outcome was withdrawn or dismissed)
    - Select “Withdrawn” or “Dismissed” under the “Trial Information” title and you will be asked for the withdrawn/dismissed date, but it is not required. After doing this, the claim submitting process will be finished. If the judgment was decided by court or jury, see trial option 2.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

**Outcome Information**

- Judgment  Settlement  Withdrawn  Abandon
- Were Other Companies Involved \*  No  Yes

**Trial Information**

- Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

- Trial Option 2 – “Judgment by Jury” or Judgment by Court” (Select either option depending on if the judgment trial was made by jury or court, respectively)
  - Select “Judgment by Jury” or Judgment by Court” under the “Trial Information” title and you will be required to enter trial and award dates, the lawsuit outcome, and whether or not an appeal was filed. See the second screen shot below.
  - If the “Lawsuit Outcome” is “Judgment for Defendant”, then award details will not be required, and the claim submitting process will be finished.
  - If the “Lawsuit Outcome” is “Judgment for Plaintiff”, then the Jury or Court Award screen will appear depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box, see steps 9 and 10.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

**Outcome Information**

- Judgment  Settlement  Withdrawn  Abandon
- Were Other Companies Involved \*  No  Yes

**Trial Information**

- Judgment by Jury  Judgment by Court  Withdrawn  Dismissed
- Date Withdrawn

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

## Judgment/Settlement Information

### Outcome Information

Judgment  Settlement  Withdrawn  Abandon

Were Other Companies Involved \*  No  Yes

### Trial Information

Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

Trial Date From \*

Trial Date To \*

### Award Information

Date Award Decided \*

Lawsuit Outcome \*  
-Select Outcome-  
-Select Outcome-  
Judgment for Plaintiff  
Judgment for Defendant

### Appeal Filed

Yes  No

<< Back

Proceed >>

Cancel

- If Appeal is Yes
  - If Appeal Outcome is “Judgment for Defendant on Appeal”, then the Award Details will not be required.
  - If Appeal Outcome is “Judgment for Plaintiff on Appeal”, then the Jury Award or Court Award detail screen will be displayed, as seen in steps 9 and 10, depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box.

**Judgment/Settlement Information**

**Outcome Information**

Judgment  Settlement  Withdrawn  Abandon

Were Other Companies Involved \*  No  Yes

**Trial Information**

Judgment by Jury  Judgment by Court  Withdrawn  Dismissed

Trial Date From \*

Trial Date To \*

**Award Information**

Date Award Decided \*

Lawsuit Outcome \*

**Appeal Filed**

Yes  No

Date Appeal Filed \*

Date Appeal Decided \*

Appeal Outcome \*

Judgment for Plaintiff on Appeal  
Judgment for Defendant on Appeal

    >

9. Jury Award: Fill out the “Jury Award” information and the claim submitting process will be finished.

### Jury Award

**Jury Award**

1. Total Amount of Initial Jury Award *	<input type="text"/>
1.a Reduction by Court *	<input type="text"/>
1.b Addition by Court *	<input type="text"/>
1.c Final Amount *	<input type="text"/>
2. Interest Awarded (Due to failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (Line 1.c. plus line 2) *	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to non-Economic Damages *	<input type="text"/>

10. Court Award: Fill out the “Court Award” information and the claim submitting process will be finished.

### Court Award

**Court Award**

1. Total Amount of Initial Award *	<input type="text"/>
2. Interest Awarded (Due to a failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (line 1 plus line 2)	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to Non-economic Damages *	<input type="text"/>

11. Claim Detail screen

- Mark the claim as complete by clicking the “Mark as Complete” button
- Add any new claim by clicking the “New Claim” button
- To Add/Correct/Delete any part of the claim: click on the Injured Party, Insured Party, Award Detail tabs, or the Delete tab to delete that information of the claim. If you do chose to delete part of a claim, you will see a new tab appear prompting you to re-fill that information in.

\*\* You can **add** another *Insured Party* here by clicking the “Add Insured” on the right side of the Injured Party. It will eliminate from entering the injured information all over again.

New Claim
Mark as Completed

Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	
01/01/2005	02/02/2005	03/03/2008	

<u>Injured Party</u>			<u>Delete</u>	<u>Add Insured</u>
Name	Jane Doe	Age Group	Adult - Ages 18 to 64	
Gender	F	Name of institution where loss/injury occurred	My Hospital Self-Insured Trust	
Type of Location where loss/injury occurred	Critical Care Unit	Severity rating(HAIC)	Death	
Act or Omission Type	9- Miscellaneous Related	Act or Omission Description	60- Other	
Attorneys Law Firm	John Doe			

<u>Insured Information (1)</u>			<u>Delete</u>
Name of Entity	My Hospital Self-Insured Trust	Address1	1 Main Street
Address2		City	Hartford
State	CT	Zip Code	06103
Policy Number	06-11111	Category of Specialty	Hospital
Specialty		Insured Policy Limits	20M
Initial Indemnity and Expense Reserve	\$1,000,000	Final Indemnity and Expense Reserve	\$900,000
Loss Adjustment Expenses paid to Defense Counsel	\$600,000	All Other Allocated Loss Adjustment Expenses Paid	\$0
Close Date	02/02/2008	Is Insured/Entity	Primary
Occurrence/Claim	Claim-Made		

<u>Judgment/Settlement Information (1)</u>			<u>Delete</u>
Settlement Code	Settlement Before Litigation	Lawsuit Filed	No
Date of Settlement	02/02/2008	Were Other Companies Involved	Yes

<u>Award Detail (1)</u>		<u>Delete</u>
Structured Settlement	No	
1. Total Settlement Paid to Injured Party	\$12,000	2. Estimated Amount of Line 1 allocated to Economic Damages
3. Estimated Amount of Line 1 allocated to non-Economic Damages	Unknown	Unknown

## Yearly Information Report

Commercial Insurer – if you have more than one specialty, click “New Yearly Information” to enter the next one.

**Yearly Information**

[New Yearly Information](#)    [List of Yearly Information](#)

---

**Commercial Insurer**

Year	2007
Base Premium *	<input type="text"/>
Earned Premium *	<input type="text"/>
Paid Losses (Including ALAE) *	<input type="text"/>
Incurred Losses (Including ALAE) *	<input type="text"/>
Specialty (Please Choose the Closest One) *	<input type="text" value="--Select Specialty--"/>
Number of Providers in Specialty	<input type="text"/>

Hospital/Non Hospital – Self Insurer

**Yearly Information**

[New Yearly Information](#)    [List of Yearly Information](#)

---

**Hospital/Non Hospital - Self-Insured**

Year	2007
Provide Most Recent Year Funding *	<input type="text"/>
Trust Net Retained Professional Liability Losses Paid *	<input type="text"/>
Trust Net Retained Professional Liability Losses Incurred *	<input type="text"/>

## Hospital – Captive with Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Hospital - Captive with Voluntary Physicians Attending</b>	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Hospital – Captive without Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Hospital - Captive without Voluntary Physicians Attending</b>	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Non-Hospital – Captive with Voluntary Physicians

Yearly Information	
<a href="#">New Yearly Information</a>	<a href="#">List of Yearly Information</a>
<b>Non Hospital - Captive with Voluntary Physicians Attending</b>	
Year	2007
HCP Professional Liability Premium (No General Liability) *	<input type="text"/>
HCP Net Retained Paid Professional Liability Losses *	<input type="text"/>
HCP Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

## Non-Hospital – Captive without Voluntary Physicians

### Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

#### Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) \*

HCP Net Retained Paid Professional Liability Losses \*

HCP Net Retained Incurred Professional Liability Losses \*