



Print

SHORT FORM

Texas Commercial Liability Insurance Closed Claim Report Indemnity Payments Over \$25,000 But Less Than \$75,000

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

SHORT FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OVER \$25,000 BUT LESS THAN \$75,000
 NAIC Company Code: _____ NAIC Group Code: _____

- | | | |
|---|---------------------------|------------------------|
| 1. a. Date of Injury | _____
MM DD YYYY | Always Complete |
| b. Date reported to insurer | _____
MM DD YYYY | Always Complete |
| c. Date suit filed | _____
MM DD YYYY | Complete if suit filed |
| d. Date of trial or final trial setting | _____
MM DD YYYY | Complete if trial held |
| e. Date of settlement | _____
MM DD YYYY | Always Complete |
| f. Date of jury award | _____
MM DD YYYY | Complete if rendered |
| g. Date claim was closed | _____
MM DD YYYY | Always Complete |

[Questions 2 through 5 Omitted]

- | | | |
|---|------------------------------|---------------------------|
| 6. a. Where did the injury occur?
(Choose either 1 or 2 and then complete the applicable item below) | _____
Enter either 1 or 2 | Always Complete |
| 1. Texas _____ County _____
(City Name) (County Name) | | Complete if Texas |
| 2. Other _____
(Brief location, i.e.: Off-shore, name of State, etc.) | | Complete if not Texas |
| b. If Texas, enter county code where the injury occurred | _____ | Complete if 6.a. is "1" |
| c. Enter the county code where the suit was initially filed | _____ | Complete if suit filed |
| d. Enter the county code where the case was tried | _____ | Complete if trial started |
| 7. a. Policy Type | _____ | Always Complete |
| <u>Choose one</u> | | |
| 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 | | |

(Question #7 is continued on page 3)

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(Question #7 continued)

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
- 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 \$ _____

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- | | | | Answer 8a – 8f in whole dollars |
|------------|--|-------------|--|
| 8. | a. Indicate the initial reserve first established for the <u>indemnity</u> portion of the claim after investigation of the claim or review of the file. Do not report formula or fast track reserves | \$ _____ | Always Complete |
| | b. Indicate the initial reserve first established for <u>expenses</u> 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 <u>indemnity</u> portion of the claim just before the file was closed | \$ _____ | Always Complete |
| | e. Indicate the reserve for <u>expenses</u> 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? | _____ | 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 and 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

(Question #10 is continued on page 5)

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(Question #10 continued)

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

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

(Question #11 is continued on page 6)

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(Question #11 continued)

2. How was this amount distributed between:

Complete all that apply

- | | | |
|-------------------------|----------|--------------------------|
| a. Economic losses | \$ _____ | (Round to whole dollars) |
| 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 the settlement influenced by a demand for or possible award of exemplary damages? _____
(Y/N)

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

Complete all that apply

- | | | |
|-------------------------|------------|--------------------------|
| a. Economic losses | \$ _____ * | (Round to whole dollars) |
| b. Non-economic losses | \$ _____ * | ↓ |
| c. Exemplary damages | \$ _____ * | |
| d. Prejudgment interest | \$ _____ * | |
| e. Total | \$ _____ | |

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 exemplary damages? _____
(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 | \$ _____ * | (Round to whole dollars) |
| b. Non-economic losses | \$ _____ * | ↓ |
| c. Exemplary damages | \$ _____ * | |
| d. Prejudgment interest | \$ _____ * | |
| e. Total | \$ _____ | |

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

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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 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 \$ _____

(Round to whole dollars)



Item 12.a.7 requires a response. Do not include "unknown"

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

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

c. Are any other defendants still in litigation relative to this claim? _____

(Y/N)

Always Complete

[Questions 13 through 16 Omitted]

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- 17.** a. Indicate the amount paid to outside defense counsel \$ _____
- 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.
Round to whole dollars.

Additional Comments (optional):