

TEXAS CLOSED CLAIM REPORTING GUIDE

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Background

The Texas Department of Insurance (TDI) is authorized to collect data on commercial liability closed claims involving bodily injury by the Texas Insurance Code (TIC) §§38.151 – 38.163 (former Article 1.24B). In 1986, Lieutenant Governor Hobby and Speaker Lewis appointed the Joint Committee on Liability Insurance and Tort Law and Procedure and charged that committee with “studying the availability and cost of commercial, professional, and governmental liability insurance and the impact of the tort recovery process on the insurance industry.”

A preliminary survey of closed claims was mailed in June 1986 to selected insurers. The survey had several limitations. Each insurer had its own interpretation for some of the requested information, such as what was a “claim” and when was it considered “closed”. Definitions were invariably interpreted within the light of each insurers existing conception.

The committee’s report on the preliminary survey cited problems such as the lack of reliable data relating to liability claims, related court actions, and other information pertinent to the claims settlement process and the civil justice system. Additional reporting requirements were contained in Senate Bill 2 and were enacted by the 70th Legislature. Among those provisions was Article 1.24B of the TIC. The article directed all insurers authorized to do business in the state of Texas to submit quarterly closed claim reports to the Texas Department of Insurance. The legislation described in detail the specific information to be gathered by TDI concerning the liability insurance settlement process and its interaction with the civil justice system in Texas.

The Department of Insurance was unable to assure total compliance with the reporting requirements for the reports collected from 1988 through 1990. As a result, a reconciliation form for calendar year 1990 was required to ensure that all applicable reports were reported. The payments on the quarterly closed claim reports with bodily injury over \$10,000 and the annual (summary) closed claim reports with bodily injury of \$10,000 or less were compared to the direct losses paid by line of insurance as reported on the Annual Statement, Texas State Statutory Page 14. Due to the number of late reports received and corrections made to reports in the TDI database, the department has continued to require the closed claim reconciliation form each calendar year.

In 1995, the 74th Texas Legislature passed legislation relating to tort law in an effort to reduce insurance premiums. This legislation set limitations on exemplary damages and choice of venue. Limitations on recoveries were also set on claims alleging deceptive trade practice violations and modifications were made to the laws concerning proportionate responsibility. Included within the legislation was a requirement that the Texas Department of Insurance examine liability insurance rates for general liability, professional liability, product liability, commercial multi-peril liability,

Background

auto liability, medical professional liability, homeowner's liability, farm and ranch owners liability, and personal liability for the next seven years until 2001. While the department collected some of this information under the ongoing closed claim reporting process, it was necessary for the department to capture additional information for the tort reform rate hearings.

In 1999, the 76th Texas Legislature repealed Article 1.24B of the TIC as part of an extensive reorganization of many statutes. The information in former Article 1.24 can now be found in Chapter 38, Data Collection and Reports, Subchapter D of the TIC.

In 2009, the 81st Texas Legislature passed HB 2877 which amended the thresholds for reporting on the Closed Claim Reports to the following:

Annual Aggregate Closed Claim Report - \$0 to \$25,000

Short Form Closed Claim Report – over \$25,000 but less than \$75,000

Long Form Closed Claim Report - \$75,000 or more

The data collected from the closed claim reports is used for four purposes:

- 1) By TDI actuaries, in conjunction with the special closed claim data call, to determine premium rate adjustments which reflect the latest behavioral changes in the tort recovery process.
- 2) To monitor insurer solvency.
- 3) To prepare the *Texas Liability Insurance Closed Claim Annual Report*.
- 4) By outside parties such as academic institutions and law firms to monitor trends in the tort recovery process and cybernetic studies.

TDI Processing Steps

The Texas Department of Insurance receives closed claim reports from insurance companies and self-insured entities daily. The reports pass through the following processing steps in order to create an annual database of closed claim reports:

Initially, the closed claim reports are stamped with a received date for regulatory compliance purposes. Then, the closed claim analyst checks the response in item 1g of the closed claim report. The analyst contacts the closed claim coordinator if item 1g is left blank and it is not possible to infer which year the claim closed. The reports are separated by the year in which the claim closed.

The closed claim reports are compared to the list of claims, which have already received rejection summaries. Resubmitted claims are removed from this list. The analyst adjusts the closed claim data and tracking files if the claim number changed from the previous time the report was submitted. Corrections to the data and/or tracking files may also be necessary if a rejected claim does not require resubmission. The status indicator on the tracking file is corrected to "D" for deleted if a closed claim report is not required.

The reports are manually reviewed for accuracy and completeness. At the analyst's discretion, certain reports (usually involving court verdicts, multiple claimants, and multiple policies) are placed aside and the closed claim coordinator is contacted for clarification and additional information, as needed.

Reports that are corrected or pass the manual review process are prepared for data entry. This entails the separation of long forms from short forms, assigning sequence numbers, and batching the reports.

In approximately two weeks, the keyed data is returned on compact disc. The data is uploaded to an Access database and is run against a Visual Basic edit program, which performs certain arithmetic and logical comparisons. The Visual Basic program also checks for duplicate claim numbers within the batch of reports currently being processed and with reports that have been accepted in prior batches. Reports with errors have associated error codes identified.

The keyed data is then corrected for inaccurately keyed data or illegible writing. At the analyst's discretion, additional corrections may be made to a report so that the report can be accepted.

TDI Processing Steps

After the analyst reviews reports and posts corrections to the claim reports which should not have received error codes, the data file is run through the Visual Basic program again. The output from the Visual Basic program produces three files:

- 1) Tracking file -- this file lists all the reports, the status of the report (rejected or accepted), and the associated error codes of rejected reports.
- 2) Data file -- this file lists only the accepted reports with the data from the report forms included.
- 3) Rejected report file -- includes only reports that have been rejected. This file contains the cover page information and the associated error codes for that report. The data in this file is used to prepare the rejection summary letters.

The tracking file and the data file for each batch of reports is appended to the master file tracking and data files for claims that are already processed. The updated tracking and data files are then available on line for further edits.

The updated tracking and data files are run through Access programs for further quality control. If additional errors are located, the closed claim analyst will contact the closed claim coordinator for corrections.

Reporting Guidelines

CONFIDENTIALITY

Please note the confidentiality of Quarterly Closed Claim Report Forms under §§38.151 – 38.163 Texas Insurance Code (TIC).

TYPE OF COVERAGE

Closed claims involving indemnity payments for Bodily Injury only.

SHORT FORM VS LONG FORM

The Texas Department of Insurance has approved two separate quarterly closed claim report forms. Always check to see that you are using the appropriate form for your claim. (Look to the amount on question 12A7 to determine the correct form.)

For closed claims that involve a total indemnity settlement for bodily injury over \$25,000 but less than \$75,000, use the “**SHORT FORM**”.

For closed claims that involve a total indemnity settlement for bodily injury of \$75,000 or more, use the “**LONG FORM**”.

COMPANIES REQUIRED TO SUBMIT QUARTERLY CLOSED CLAIM REPORT FORMS

Each insurance company or other entity admitted to do business and authorized to write liability insurance in Texas, including county mutual insurance companies, Lloyd's plan companies, and reciprocal or inter-insurance exchanges, but excluding farm mutual insurance companies and county mutual fire insurance companies writing exclusively industrial fire insurance as defined by §912.310 of the Texas Insurance Code (TIC); and each pool, joint underwriting association, or self-insurance mechanism or trust authorized by law to insure its participants, subscribers, or members against liability must submit quarterly closed claim report forms.

Primary carriers are to report claims that involved both primary and excess coverage. The primary carrier should include the total settlement amounts in the case including those covered by the excess carrier and other carriers and contributors in the case.

Excess carriers must report closed claims whenever an award or settlement over \$25,000 is large enough to trigger excess coverage by exceeding the per occurrence retention of a self-insured entity which does not report its closed claims to TDI under §§38.151 – 38.163. In these situations, excess carriers must report the entire award or settlement, including amounts paid by the self-insured and by all other contributors.

Reporting Guidelines

LINES OF INSURANCE TO BE REPORTED

- General liability (including product liability)
- Medical professional liability
- Professional liability other than medical professional liability
- Commercial automobile liability
- The liability portion of commercial multi-peril coverage, including Texas Commercial Package Policies (TCPP) and Texas Business Owners Policies (TBOP).

TEXAS LAW ONLY

Only claims settled under Texas law are to be included. If an injury occurred in another state, but the claim was settled under Texas law, the claim file should be reported.

DUE DATE

The reports are due no later than the 10th day after the last day of the calendar quarter in which a claim is closed. TDI prefers that reports be completed and submitted as the claims are closed.

COMPLETING THE QUARTERLY CLOSED CLAIM REPORT FORM

Use black ink or type to complete each report form submitted.

COPIES

A photocopy may be submitted; however all information **must** be legible. Retain a copy of the completed report form for your files as it will aid in answering questions that may arise during TDI's review. NEVER submit blank reports for any reason.

COVER PAGE

Complete a Cover (Identification) Page for each individual report form. In the space designated "Company Name and Address", indicate the permanent address to which all TDI correspondence relating to this report is to be sent. If your organization does not have a NAIC Company Number, contact TDI immediately.

CLAIM FILE IDENTIFICATION

The unique number assigned to a particular claim. For TDI closed claim reporting, duplicate claim numbers are not permitted. To indicate multiple claimants for a particular case, please indicate a claimant suffix number (i.e. -01, -02, -03 or A, B, C). Claim file identification numbers are limited to a maximum of 25 alphanumeric characters (the letters A through Z and the numbers 0 through 9). Characters such as hyphens, slashes, colons, semicolons, commas, and/or spaces are not entered within the claim file identification number.

Reporting Guidelines

ANSWERING REPORT FORM QUESTIONS

Complete all questions that apply to the specific closed claim being reported.

Read all multiple part questions carefully. Complete only those parts of the question which apply to the case being reported.

In questions 11 and 13, the asterisk (*) indicates that the question calls for your most candid expert opinion.

CHOOSE ONE

When making a selection from a question that requires only one answer (see question 7a or 7b), indicate the selection number on the answer line provided.

MULTIPLE SELECTIONS

When making selections on a multiple selection question, select all items that apply (see question 4 or 5), by marking an "X" in the line next to each of the items selected.

NUMERIC ENTRIES

All dollar amounts must be entered as whole dollars only. Do not include cents. Round all amounts to the nearest dollar.

In question 7d indicate aggregate limits if more than one policy issued by your company is involved.

In question 12a.(3,4,5,6), if the amount paid is not known by you, indicate "unknown" in the space provided. In question 12a.(7) indicate the total known. Please note that "unknown" is **not** an acceptable response in question 12a.7.

In question 2 indicate age in months only if the injured person is less than one year old.

MULTIPLE CLAIMANTS OR INJURIES

If the file contains more than one claimant for one specific incident, and all of the claims are based on the same injury or death (i.e., several family members or the claimants for the death of a family member) only one report form should be completed for the case. The amounts settled should reflect amounts paid to all claimants in the case.

If the file contains multiple claimants when each one is based on the same incident but on a different injury, complete a separate form for each claimant.

Reporting Guidelines

POLLUTION, LONG TERM EXPOSURE, OR CLASS ACTION LAWSUITS

Closed claims involving pollution or long-term exposure to toxic materials which **also** involve class-action lawsuits or unknown plaintiffs may require special reporting. Please refer to the section entitled “Reporting Unusual Circumstances” for additional details on how to report these claims.

ADDITIONAL SPACE

When additional space is needed to provide the requested information for question 12.b, complete the company information on a separate sheet of paper and attach it to the report.

Reporting Unusual Circumstances

SAME INCIDENT AND SAME INJURY

If a claim file contains more than one claimant for one specific incident, and all of the claims are based on the same injury or death, (i.e., several family members or the claimants for the death of a family member), only one report form should be completed for the case. The amounts settled should reflect amounts paid to all claimants in the case.

SAME INCIDENT BUT DIFFERENT INJURIES

If a claim file contains multiple claimants when each one is based on the same incident but on a different injury, then a separate form should be completed for each claimant.

INCIDENTS INVOLVING MULTIPLE CLAIMANTS (MORE THAN 10), INCLUDING CLASS ACTION LAWSUITS AND CATASTROPHE CLAIMS

Due to the inability to report these situations on the adopted report forms, a letter containing the following information should be filed instead of the adopted report forms:

Company Name
NAIC Company Code
NAIC Group Code
Master Claim File Number
Number of injuries (claimants)
Date of incident
Date reported
Date suit filed
Date settled
Date closed
County where the incident is alleged to have occurred
County where suit was filed
Policy type (line of insurance)
Business classification
Initial indemnity and expense reserves
Final indemnity and expense reserves
Amount paid by the insurer for primary coverage
Total settlement amount paid by all parties
Amount of allocated loss adjustment expenses
Other pertinent information

Reporting Unusual Circumstances

REPORTING EXCESS COVERAGE

The following scenarios are given for informational purposes only. Contact TDI for assistance for situations not referenced in the following examples:

SCENARIO 1 INSURER WRITES COVERAGE FOR BOTH PRIMARY AND EXCESS POLICIES:

A report must be filed using the claim number associated with the primary coverage. The policy type, policy limits, and reserves must reflect only the activity associated with the primary policy. In question 12a, the payment amount for the primary coverage is shown in item 12a.1. The payment amount for the excess coverage is shown in item 12a.3. The name of the excess carrier must be listed in item 12b. A claim report for the excess coverage should not be reported.

SCENARIO 2 INSURER WRITES THE PRIMARY POLICY, ANOTHER INSURER WRITES EXCESS POLICY:

A report must be filed using the claim number associated with the primary coverage. The policy type, policy limits, and reserves must reflect only the activity associated with the primary policy. In question 12a, the payment amount for the primary coverage is shown in item 12a.1. The payment amount for the excess coverage is shown in item 12a.3. The name of the excess carrier must be listed in item 12b. A claim report for the excess coverage should not be reported.

SCENARIO 3 INSURER WRITES EXCESS COVERAGE, (PRIMARY COVERAGE DOES NOT INVOLVE A SELF-INSURED RETENTION):

A closed claim report does not need to be filed.

SCENARIO 4 INSURER WRITES EXCESS COVERAGE ABOVE A SELF-INSURED RETENTION:

This scenario can be viewed as a primary policy with a large deductible. A report must be filed using the claim number associated with the excess coverage. The policy type, policy limits, and reserves must reflect the activity associated with the policy and the underlying retention.

Example: A claim is closed for a self-insured with a \$100,000 retention and \$1,000,000 of excess coverage. The policy limit in item 7d must indicate a total of \$1,100,000 of coverage. The reserves in item 8 must include the amounts reserved for by the self-insured entity and for excess coverage. In item 12a, the amount paid by the insurer is listed in item 12a.1 and the amount paid by the self-insured entity is listed in item 12a.2.

Reporting Unusual Circumstances

SCENARIO 5 EXCESS COVERAGE IS WRITTEN FOR A DIFFERENT INSURED:

A report must be filed using the claim number associated with the primary coverage. The policy type, policy limits, and reserves must reflect only the activity associated with the primary policy. In item 12a, the payment amount for the primary coverage is shown in item 12a.1. The payment amount for the excess coverage for the other insured is shown in item 12a.5. The name of the excess carrier must be listed in item 12b.

CONCURRENT COVERAGE

The insured has multiple policies with different insurers for the same or overlapping periods of time that are in conjunction with one another, excluding excess or umbrella coverage.

A report must be filed in which the payment amount for the reporting company is shown in item 12a.1. The payment amount for the concurrent coverage(s) is shown in item 12a.3.

CONSECUTIVE COVERAGE

The insured has consecutive policies with one or more insurers for different policy periods. Consecutive coverage scenarios are for incidents when the date of injury cannot be determined such as environmental claims and medical claims that involve prolonged treatments.

A report must be filed in which the payment amount for the reporting company is shown in item 12a.1. The payment amount for the consecutive coverage(s) is shown in item 12a.3.

“To Report or Not To Report” Helpful Hints

FOR ALL LINES OF BUSINESS

Do report:	Do not report:
Commercial lines bodily injury claims	Personal lines bodily injury claims
Claims settled under Texas law	Claims not settled under Texas law
Claims involving mental anguish that are derived from a bodily injury claim: (i.e., several family members are the claimants for the death of a family member) Only one report form should be filed reflecting amounts paid to all claimants	Claims involving mental anguish as the primary injury component
Claims for admitted companies, pools, joint underwriting associations, self-insurance mechanism and trusts, domestic risk retention groups	Claims for non-admitted or surplus lines companies, foreign risk retention groups
Claims for primary insurance coverage (see next column for excess coverage)	Claims for excess insurance coverage (Exception: Excess carriers must report closed claims whenever an award or settlement over \$10,000 for a self-insured entity triggers excess coverage)
Claims with indemnity payments greater than \$25,000 (including deductible payments)	Claims with indemnity payments of \$25,000 or less (including deductible payments)
	Amounts for medical payments
	Amounts for property damage payments
	Claims for third party indemnification

COMMERCIAL MULTIPERIL LIABILITY

Do report:	Do not report:
Claims for the liability portion of commercial multiperil coverage including package policies and business owners policies	Claims for the fire and allied lines portion of commercial multiperil coverage
Claims for false arrest with bodily injury	Claims for false arrest without bodily injury or false detention
Claims for sexual molestation or assault	Claims for sexual harassment
	Claims for fiduciary or fidelity issues, contractual obligations
	Errors and Omissions coverage
	Claims for civil rights violations, discrimination, improper termination
	Claims for DTPA actions
	Bad faith claims regarding the insurer
	Claims for loss of use or income
	Claims for libel or slander
	Customer complaint/warranty

“To Report or Not To Report” Helpful Hints

GENERAL LIABILITY & OTHER PROFESSIONAL LIABILITY

Do report:	Do not report:
Claims for professional liability classes that involve bodily injury claims	Claims for professional liability classes that do not involve bodily injury claims
Claims for mono-line general liability, product liability, premises liability	Claims for fiduciary or fidelity issues, contractual obligations
Claims for false arrest with bodily injury	Claims for false arrest without bodily injury or false detention
Claims for sexual molestation or assault	Claims for sexual harassment
	Errors and Omissions coverage
	Claims for civil rights violations, discrimination, improper termination
	Claims for DTPA actions
	Bad faith claims regarding the insurer
	Claims for workers' compensation employers' liability.
	Claims for loss of use or income
	Claims for libel or slander
	Customer complaint/warranty

MEDICAL PROFESSIONAL LIABILITY

Do report:	Do not report:
Claims with bodily injury involving failure to diagnose, misdiagnosis, problems with treatment, improper medications, and complications of surgery	Claims involving mental anguish as the primary injury component
	Claims for fiduciary or fidelity issues, contractual obligations
	Errors and Omissions coverage
	Claims for civil rights violations, discrimination, improper termination
	Claims for DTPA actions
	Bad faith claims regarding the insurer
	Claims for loss of use or income
	Claims for libel or slander
	Customer complaint/warranty

“To Report or Not To Report” Helpful Hints

COMMERCIAL AUTO LIABILITY

Do report:	Do not report:
Claims for basic policy coverage	Claims for uninsured/underinsured motorists coverage, personal injury protection, medical payments
Claims that also involve the personal auto policy for an agent for the employer	
Claims involving the auto policy of a lessor	
	Errors and Omissions coverage
	Claims for civil rights violations, discrimination, improper termination
	Claims for DTPA actions
	Bad faith claims regarding the insurer
	Claims for loss of use or income
	Claims for libel or slander
	Customer complaint/warranty

Frequently Asked Questions

Can I use the annotated forms included in this guide?	No. However, an electronic version is available upon request or may be downloaded from TDI's web page. The annotated forms were designed to ensure reports are properly prepared and reduce the number of resubmissions required due to incomplete forms.
Can I develop my own form?	Yes, as long as it contains the exact information and is in the same format as TDI's. (Required due to data entry).
What lines of insurance are included?	General liability (including product liability), medical professional liability, professional liability other than medical professional liability, commercial auto liability, and the liability portion of commercial multi-peril coverage, including Texas Commercial Package Policies (TCPP) and Texas Business Owners Policies (TBOP).
Can I get an extension on the deadline?	Extensions may be granted on a case by case basis. Please contact us for more information.
What happens if I do not meet the deadline?	You may be referred to TDI's Legal Division and sanctions may be imposed. Please refer to the section entitled "Compliance" for more detailed information.
May I fax or email my reports to TDI?	No, not unless specifically requested to do so to expedite corrections.
How do I know the Texas County Code?	You first need to determine the county name and then refer to the list of Texas county codes. Remember, the numbers relate to a particular county, not a particular city. For example, the city of Austin is located in Travis County, not Austin County. Also, please note that some cities may be located in more than one county. You need to reference the county in which the injury occurred or where the suit was initially filed, as applicable.
I just received a rejection letter. How do I know what the error codes mean?	A list of the error codes was provided with the Closed Claim Instructions to the Closed Claim Coordinator. If you are unable to locate the instructions, we will be happy to send you a copy.
Can I submit reports electronically?	Not at this time. Please note, however, that the closed claims forms are available for download from TDI's web site at www.tdi.texas.gov
The injury occurred outside Texas. Do I still need to submit a report?	Only submit a report if the claim was settled under Texas law regardless of where it occurred.
Explain the procedure for primary carriers and excess carriers.	Primary carriers are to report claims that involved both primary and excess coverage. The primary carrier should include the total settlement amounts in the case including those covered by the excess carrier and other carriers and contributors in the case. <u>Excess carriers</u> must report closed claims whenever an award or settlement over \$25,000 is large enough to trigger excess coverage by exceeding the <u>per occurrence</u> retention of a self-insured policy holder which does <u>not</u> report its closed claims to the Texas Department of Insurance under §§ 38.151 – 38.163. In these situations, excess carriers must report the entire award or settlement, including amounts paid by the self-insured and by all other contributors.

Frequently Asked Questions

<p>Will I receive a Commissioner's Bulletin advising me when the Quarterly Closed Claims Reports are due?</p>	<p>No. The reports are automatically due no later than the 10th day after the last day of the calendar quarter in which a claim is closed. TDI prefers that reports be completed and submitted as the claims are closed.</p>
<p>Will I receive a Commissioner's Bulletin advising me when the Annual Aggregate Closed Claim Report and the Annual Reconciliation Form are due?</p>	<p>Yes. TDI will issue a Commissioner's Bulletin for these annual calls.</p>
<p>The total settlement was \$150,000. My company paid \$50,000 and another insurer paid \$100,000. (No excess coverage was involved.) Which form do I complete?</p>	<p>The long form must be used since the settlement amount on question 12a.7 is more than \$74,999.</p>
<p>The total settlement, to the best of my knowledge was \$75,000. My company's portion was \$25,000. Another insurer paid \$50,000 for other defendants. Which form do I complete? What if the amount paid by other defendants was unknown?</p>	<p>The determination of which closed claim report form is appropriate to complete is based upon the total <i>known</i> settlement amount for a case. Since the total known settlement amount is \$75,000, this claim would be reported on the long form.</p> <p>However, please note that a closed claim report is not required when the total <i>known</i> settlement amount is less than \$25,001. If the amount paid by the other defendants was unknown, then the total known settlement amount is \$25,000. In this instance, a closed claim report is not required.</p>
<p>My company paid \$50,000 to settle a claim. I know other defendants were involved and paid a portion of the settlement, however, I do not have any information as to what they paid or the actual final dollar amount of the settlement. What do I report? Which form do I use?</p>	<p>The short form must be completed since the known settlement amount on question 12a.7 is \$50,000. In question 12a, please indicate "unknown" in questions 12a (3, 4, 5, 6) only where applicable.</p>
<p>May our company have more than one point of contact for the quarterly closed claim reports?</p>	<p>No, quarterly closed claim reports must be reported at the company level not by specific claim office, so the Texas Department of Insurance permits only one closed claim coordinator per company.</p>
<p>My company closed a claim in which a court verdict was rendered. The verdict indicated actual damages of \$500,000 and the injured party was 40% negligent. In addition, the court award included exemplary damages for \$150,000 and prejudgment interest for \$132,980. What is the verdict amount that should be shown in question 11b.1 of the closed claim report form?</p>	<p>The amount shown in question 11b.1 of the closed claim report form must indicate the amount of actual damages reduced by the percentage of negligence attributed to the injured party, plus the amounts awarded for exemplary damages and prejudgment interest. Note that the awards for exemplary damages and prejudgment interest are <u>not</u> reduced by the percentage of negligence attributed to the injured party.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>In the following example, the amount that must be shown in question 11b.1 is \$582,980. This amount was calculated as follows:</p> </div> <p>Verdict Amount = (actual damages X defendants' negligence) + exemplary damages + prejudgment interest</p> <p>Verdict Amount = [\$500,000 X (100% - 40%)] + \$150,000 + \$132,980</p> <p>Verdict Amount = (\$500,000 X 60%) + \$150,000 + \$132,980</p> <p>Verdict Amount = \$300,000 + \$150,000 + \$132,980</p> <p>Verdict Amount = \$582,980</p>

Most Common Errors

Unable to read reports:	Due to illegible handwriting or poor copy quality.
Cover page incomplete:	Due to missing or invalid NAIC Company Number; Coordinator's name not given.
Dollar amounts formatted incorrectly:	Round all amounts to the nearest dollar.
Incomplete reports:	Due to missing pages or incorrectly assembled pages.
Totals not shown on reports:	Particularly questions 12a.7 and 13d.5.
Indicating responses to questions that begin "If Yes..."	When the response to the prior question was No. This applies particularly to questions 3b and 11e.3.
Question 1 must have answers to:	Item a., item b., item e., and item g.
Question 2 should be answered in whole years. If injured person is less than one year old, then:	List the age of the child in months (i.e.: Eleven (11) months old or less). If newborn, show one (1) month.
If the answer to question 3a is "N", then:	Leave 3b blank.
If the answer to question 4 is "R" (other), then:	Give brief description of injury.
If the answer to question 5 is "O" (other), then:	Give brief description of how injury occurred.
If the answer to question 6a is 2 (other), then	Verify claim was settled under Texas Law.
If the answer to question 6b is 8, then:	Verify injury occurred in Austin County, not the city of Austin. (The city of Austin is in Travis County, county code 227.)
If the answer to question 6b is 12, then:	Verify injury occurred in Baylor County, not Houston County.
If the answer to question 6b is 18, then:	Verify injury occurred in Bosque County, not Dallas County.
If the answer to question 6b is 56, then:	Verify injury occurred in Dallam County, not Dallas County.
If the answer to question 6b is 114, then:	Verify injury occurred in Houston County, not the city of Houston. (The city of Houston is in Harris County, county code 102.)
If the answer to question 7c is "26" (other), then:	Give brief description of type of business.
The sum of questions 8a + 8b must:	Equal 8c.
The sum of questions 8d + 8e must:	Equal 8f.
Questions 9a, 9b, and 9c must:	Always be answered.
Only answer question 10c if:	Answer to question 10a is 5 or more.
Question 11a:	Preferably should be answered.
Answer questions 11b, 11c, and 11d only if:	There is a court verdict. If no court verdict, leave blank.
The sum of questions 12a1 through 12a6 must:	Equal 12a7.
Question 12a7 must equal:	The answer to question 13d5, if there is no court verdict.
Question 12c must:	Always be answered.
Answer question 13c only if:	The answer to question 10a is 1, 2, 3, 4, or 5.
The sum of question 13d1 through 13d4 must:	Equal 13d5.
The sum of the percentage of fault assigned in question 13d1 through 13d4 must:	Be listed in whole numbers and equal 100%.
The answer to question 13e1 must:	Equal the answer to question 13e2.

Glossary

Accepted Transaction Listing:	A list provided by TDI during the reconciliation process that summarizes all closed claim reports accepted into TDI's database for a specific calendar year.
Actual Damages:	The amount of economic and non-economic losses awarded in trial.
Annual Aggregate Closed Claim Report:	Refers to the form provided by TDI during the annual reconciliation process on which companies report closed claims during the specific calendar year involving indemnity payments of \$25,000 or less for bodily injury involving primary coverage and claims for which no indemnity payment is made on closing.
Annual (Summary) Closed Claim Report:	Previous name of the Annual Aggregate Closed Claim Report. See above.
Civil Liability:	An action brought by one individual against another at the litigant's own expense for alleged torts or breaches of contract.
Claim:	Request by an insured for indemnification by an insurance company for loss incurred from an insured peril.
Claimant:	One who submits a claim for an incurred loss.
Claim File Identification:	The unique number assigned to a particular claim. For TDI closed claim reporting, duplicate claim numbers are not permitted. To indicate multiple claimants for a particular case, please indicate a claimant suffix number (i.e. -01, -02, -03 or A, B, C). Claim file identification numbers are limited to a maximum of 25 alphanumeric characters (the letters A through Z and the numbers 0 through 9). Characters such as hyphens, slashes, colons, semicolons, commas, and/or spaces are not entered within the claim file identification number.
Closed Claim:	A claim that has been settled, or otherwise disposed of, and, the insurer has made all indemnity and expense payments on the claim.
Closed Claim Coordinator:	An individual designated by their insurer who coordinates filing quarterly closed claim reports with TDI.

Glossary

<i>Closed Claim Reconciliation Report Form:</i>	Refers to the form provided by TDI during the annual reconciliation process which companies use to reconcile amounts reported under the requirements of §§38.151 – 38.163, Texas Insurance Code, to the direct losses reported on the Annual Statement Texas Statutory Page 14.
<i>Closed Claim Report Form:</i>	See <i>Long Form or Short Form</i> .
<i>Closed Date:</i>	The date the insurer makes the last indemnity or expenses payment (including legal fees) and considers the claim closed. The closed date for a specific closed claim report form is given in question 1g.
<i>Comparative Negligence:</i>	A principle of tort law providing that in the event of an accident, each party's negligence is based on that party's contribution to the accident.
<i>Concurrent Coverage:</i>	Circumstance in which at least two insurance policies provide identical coverage for the same risk. Does not include excess or umbrella policies since these have different limits of liability as primary policies.
<i>Consecutive Coverage:</i>	Insurance coverage provided by insurers for different policy periods to the insured. The effective date of one policy is after the expiration date of a different policy. The coverages are not in conjunction with one another, but are dependent upon the date of incident.
<i>Date of Injury:</i>	The date on which the injury occurred. If the occurrence took place over a period of time, give the date on which the injury was first recognized or diagnosed.
<i>Date of Trial or Final Trial Setting:</i>	The date the trial was held. If a trial date was set but the case was settled out of court, indicate the last date on which trial was set.
<i>Disciplinary Actions:</i>	Actions taken by TDI for failure to comply with reporting requirements and may include, but is not limited to, sanctions and monetary penalties.
<i>Due Date:</i>	Date by which quarterly closed claim report forms must be received by TDI. Reports are due to TDI by the 10th working day after the end of the quarter in which the claim was closed.

Glossary

<i>Economic Losses:</i>	The injured person's past and future medical expenses, past and future lost wages, and other out-of-pocket expenses.
<i>Excess Carrier:</i>	Indicates any insurer that is liable only for the excess above and beyond that which may be collected on other insurance.
<i>Exemplary Damages:</i>	Punitive damages (relating to punishment or penalty).
<i>Indemnity:</i>	The compensation given to make a person whole from a loss already sustained.
<i>Insurance Policy:</i>	Written contract between an insured and an insurance company stating the obligations and responsibilities of each party.
<i>Insured:</i>	Party covered by an insurance policy.
<i>Insurer:</i>	As defined in §38.151, Texas Insurance Code an insurance company or other entity that is admitted to do business and authorized to write liability insurance in Texas; a pool, joint underwriting association, or self-insurance mechanism or trust authorized by law to insure its participants, subscribers, or members against liability.
<i>Joint and Several Liability:</i>	Legal obligation under which a party may be liable for the payment of the total judgment and costs that are associated with that judgment, even if that party is only partially responsible for losses inflicted.
<i>Late Report:</i>	A report received by TDI after the 10th working day after the end of the quarter in which the claim was closed.
<i>Liability Insurance:</i>	Coverage for all sums that the insured becomes legally obligated to pay because of bodily injury or property damage, and sometimes other wrongs to which an insurance policy applies.
<i>Long Form:</i>	The form used to report closed claims for indemnity settlements involving bodily injury of \$75,000 or more. Also known as a Closed Claim Report Form.
<i>NAIC Company Code:</i>	A five-digit number assigned by the National Association of Insurance Commissioners to a specific insurance company.

Glossary

NAIC Group Code:	A number of one to four digits assigned by the National Association of Insurance Commissioners to a group of insurance companies.
Non-Economic Losses:	Amounts paid for physical pain, mental anguish, loss of consortium, disfigurement, and other intangible losses.
Payment:	The amount paid by the reporting insurer designated in question 12a.1 on the closed claim report form.
Primary Carrier:	Refers to the reporting insurer or self-insured that has immediate coverage upon happening of occurrence.
Quarterly Closed Claim Report Form:	Refers to one of the two forms (Long or Short) used to report closed claims for indemnity payments involving bodily injury over \$25,000.
Rejection Summary:	Document TDI provides to the Closed Claim Coordinator informing the coordinator about errors on specific quarterly closed claim reports that cause the report to be rejected.
Self-Insured Retention:	Portion of a liability loss retained by a policyholder that they will cover themselves. This is the portion of the exposure for which the policyholder does not purchase insurance.
Settlement Total:	The amount paid by all parties designated in question 12a.7 on the closed claim report form.
Short Form:	See <i>Summary Closed Claim Report</i> .
Summary Closed Claim Report	The form used to report closed claims for indemnity settlements involving bodily injury over \$25,000 but less than \$75,000. Also known as the Short Form.
Tort:	A civil wrong, other than breach of contract, for which a court will provide a remedy in the form of a suit for damages. Torts include negligent acts or omissions on the part of a defendant.
Tort Feasor:	A person who commits a tort that causes injury or damage.
Unaccepted Transaction Listing:	A list provided by TDI during the reconciliation process that summarizes all closed claim reports that were rejected and not yet corrected.

Definitions supplemented with information from [Barron's Business Guides Dictionary of Insurance Terms](#). Third Edition, Barron's Educational Series, Inc. Copyright 1995. Harvey W. Rubin, Ph.D., CLU, CPCU.

Correction Procedures

The following correction procedures are included to assist you in correcting reports that may have received one or more of the errors codes listed in the next section.

- Review each Rejection Summary and submit a corrected report within the time frame stated in the cover letter, unless the Rejection Summary states otherwise.
- Include a copy of the Rejection Summary when resubmitting corrected reports.
- Resubmit the entire report regardless of the number of errors made using the identical claim file ID number used on the original report. A photocopy of the original report with the corrections clearly marked will be acceptable.
- If it is necessary to correct the claim file ID number on a resubmitted report, please indicate the revised claim number on both the Rejection Summary and the Closed Claim Report.

If you require additional information or if you are unable to meet the deadline given, please contact:

Vicky Knox
(512) 676-6686
vicky.knox@tdi.texas.gov

Please submit closed claim reports to one of the following addresses. Please do not fax, or email, corrected reports unless specifically requested by TDI staff.

Mailing Address:

Vicky Knox
Texas Department of Insurance
Data Services MC105-5D
P.O. Box 149104
Austin, TX 78714-9104

OR

Courier Address:

Vicky Knox
Texas Department of Insurance
Data Services MC105-5D
333 Guadalupe
Austin, TX 78701

Error Codes

CODE	QUESTION	EXPLANATION(S)
001	1a:	<ul style="list-style-type: none"> Part or all of the response is not indicated. The response occurs after the dates in questions 1b through 1g.
002	1c:	<ul style="list-style-type: none"> Part or all of the response is not indicated <u>and</u> the response to question 10a is 3, 4, 5, 6, 7, or 8. A response is indicated <u>and</u> question 10a is 1 or 2. The response occurs after the dates in questions 1d and 1g.
003	1d:	<ul style="list-style-type: none"> Part or all of the response is not indicated <u>and</u> the response to questions 10a is 5, 6, 7, or 8. A response is indicated <u>and</u> question 10a is 1 or 2. The response occurs after the dates in questions 1e through 1g.
004	1e:	<ul style="list-style-type: none"> Part or all of the response is not indicated. The response occurs after the date in question 1g.
005	1f:	<ul style="list-style-type: none"> Part or all of the response is not indicated <u>and</u> the response to question 10a is 6, 7, or 8. A response is indicated <u>and</u> question 10a is 1, 2, 3, 4, or 5. The response occurs after the dates in questions 1e and 1g.
006	1g:	<ul style="list-style-type: none"> Part or all of the response is not indicated.
007	2:	<ul style="list-style-type: none"> The response for the age (year and month) is left blank. The response for the age is greater than 11 months.
008	3a:	<ul style="list-style-type: none"> The response is not "Y" or "N".
009	3b:	<ul style="list-style-type: none"> The response is not "Y" or "N" <u>and</u> the response to question 3a is "Y". A response is indicated <u>and</u> the response to question 3a is not "Y".
010	4:	<ul style="list-style-type: none"> A response is not indicated.
011	5:	<ul style="list-style-type: none"> A response is not indicated.
012	6a:	<ul style="list-style-type: none"> The response is not 1 or 2.
013	6b-6d:	<ul style="list-style-type: none"> The response to question 6b is not between 1 and 254 <u>and</u> the response to question 6a is 1. The response to question 6b is not 299 <u>and</u> the response to question 6a is 2. The response to question 6c is not between 1 and 254 and not 299 <u>and</u> question 10a is 3, 4, 5, 6, 7, or 8. The response to question 6d is not between 1 and 254 and not 299 <u>and</u> question 10a is 5, 6, 7, or 8.
014	1a-1g:	<ul style="list-style-type: none"> The response for the date the claim closed (question 1g) is not in the current calendar year reporting period. The responses in questions 1a through 1g contain an invalid date.
015	7a & 7d.1:	<ul style="list-style-type: none"> A response is indicated in question 7d.1 <u>and</u> the response for question 7a is not "2" (commercial auto liability).
016	7a:	<ul style="list-style-type: none"> The response is not between 1 and 5.
017	7b:	<ul style="list-style-type: none"> The response is not 1 or 2.
018	7c:	<ul style="list-style-type: none"> The response is not between 1 and 26.
019	1b:	<ul style="list-style-type: none"> Part or all of the response is not indicated. The response occurs after the dates in questions 1e and 1g.

Error Codes

CODE	QUESTION	EXPLANATION(S)
020	7d:	<ul style="list-style-type: none"> • A response is not indicated in question 7d. • One of the responses in questions 7d.1 through 7d.3 is between \$1 and \$9,999.
021		<ul style="list-style-type: none"> • Reserved for future use.
022	8c:	<ul style="list-style-type: none"> • The response in question 8c is not equal to the sum of questions 8a and 8b.
023		<ul style="list-style-type: none"> • Reserved for future use.
024		<ul style="list-style-type: none"> • Reserved for future use.
025	8d-8f:	<ul style="list-style-type: none"> • The response in question 8f is not equal to the sum of questions 8d and 8e. • The response in question 8d is zero <u>and</u> the response to question 8a is not zero.
026	9a:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
027	9b:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
028	9c:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
029	10a:	<ul style="list-style-type: none"> • The response is not 1 through 8.
030	10b:	<ul style="list-style-type: none"> • The response is not 1 through 9 <u>and</u> the response to question 10a is 6, 7, or 8. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. • The response is 3 or 4 <u>and</u> the response to question 10c is 2.
031	10c:	<ul style="list-style-type: none"> • The response is not 1 or 2 <u>and</u> the response to question 10a is 5, 6, 7, or 8. • A response is indicated <u>and</u> the response to question 10a is 1 or 2.
032	10d:	<ul style="list-style-type: none"> • The response is not 1 or 2 <u>and</u> the response to question 10a is 8. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, 5, 6, or 7.
033	10e:	<ul style="list-style-type: none"> • The response is not "Y" or "N" <u>and</u> the response to question 10a is 6, 7, or 8. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.
034	10f:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10e is "Y". • A response is indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10e is not "Y". • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.
035	11b.1:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10b is 1, 3, 5, 7, 8 or 9. • A response other than zero is indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10b is 2, 4, or 6. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.

Error Codes

CODE	QUESTION	EXPLANATION(S)
036	11b.2:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10b is 1, 3, 5, 7, 8 or 9. • The response in question 11b.2.e is not equal to the sum of questions 11b.2.a through 11b.2.d. • A response other than zero is indicated <u>and</u> the response to question 10a is 6, 7, or 8 <u>and</u> the response to question 10b is 2, 4, or 6. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.
037	11b.2:	<ul style="list-style-type: none"> • The response to question 11b.2.e is not equal to question 11b.1.
038	11b.2:	<ul style="list-style-type: none"> • The response to question 11b.2.e is not equal to question 12a.7 <u>and</u> the response to question 10a is 6, or question 10a is 7 or 8 and question 11c is "N".
039	11c:	<ul style="list-style-type: none"> • The response is not "Y" or "N" <u>and</u> the response to question 10a is 7 or 8. • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, 5, or 6.
040	11d.1:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 7 or 8 <u>and</u> the response to question 11c is "Y". • The responses are the same to questions 11b.1 and 11d.1 <u>and</u> the response to question 11c is "Y". • A response is indicated <u>and</u> the response to question 10a is 7 or 8 <u>and</u> the response to question 11c is not "Y". • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, 5 or 6.
041	11d.2:	<ul style="list-style-type: none"> • The response is not "Y" or "N" <u>and</u> the response to question 10a is 7 or 8 <u>and</u> the response to question 11c is "Y". • A response is indicated <u>and</u> the response to question 10a is 7 or 8 <u>and</u> the response to question 11c is not "Y". • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, 5 or 6.
042	11d.3:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 7 or 8 <u>and</u> the responses to questions 11c and 11d.2 are "Y". • The response in question 11d.3.e is not equal to the sum of questions 11d.3.a through 11d.3.d. • A response is indicated <u>and</u> the response to question 10a is 7 or 8 <u>and</u> if either of the responses to questions 11c and 11d.2 is not "Y". • A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, 5 or 6.
043	11d.3e:	<ul style="list-style-type: none"> • The response to question 11d.3.e is not equal to question 11d.1.
044	11d.1:	<ul style="list-style-type: none"> • The response to question 11d.1 is not equal to question 12a.7.
045	11e.1:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. • A response is indicated <u>and</u> the response to question 10a is 6, 7, or 8.

Error Codes

CODE	QUESTION	EXPLANATION(S)
046	11e.2:	<ul style="list-style-type: none"> The response is not "Y" or "N" <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. A response is indicated <u>and</u> the response to question 10a is 6, 7, or 8.
047	11e.3:	<ul style="list-style-type: none"> A response is not indicated in question 11e.3.e <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5 <u>and</u> the response to question 11e.2 is "Y". The response in question 11e.3.e is not equal to the sum of questions 11e.3.a through 11e.3.d. A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5 <u>and</u> the response to question 11e.2 is "N". A response is indicated <u>and</u> the response to question 10a is 6, 7 or 8.
048	11e.3.e:	<ul style="list-style-type: none"> The response in question 11e.3.e is not equal to question 11e.1.
049	11e.1:	<ul style="list-style-type: none"> The response in question 11e.1 is not equal to question 12a.7.
050	12a.1:	<ul style="list-style-type: none"> A response is not indicated in question 12a.1 or question 12a.2.
051	12a.7:	<ul style="list-style-type: none"> The response is blank. The response is not equal to the sum of questions 12a.1 through 12a.6.
052	12c:	<ul style="list-style-type: none"> The response is not "Y" or "N".
053	13a:	<ul style="list-style-type: none"> The response is not "Y" or "N" <u>and</u> the response to question 10a is 6, 7, or 8. A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.
054	13b:	<ul style="list-style-type: none"> A response is not indicated in column 1 <u>and</u> the response to question 10a is 6, 7, or 8. A response is not indicated in column 2 <u>and</u> the response to question 10a is 6, 7, or 8. A response is not indicated in column 3 <u>and</u> the response to question 10a is 7 or 8. The sum of the responses in column 1 is not equal to 100%. A response is indicated <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5.
055	13b:	<ul style="list-style-type: none"> The response in question 13b.5 is not equal to the sum of column 2, questions 13b.2 through 13b.4.
056	13b.5:	<ul style="list-style-type: none"> The response in question 13b.5 is not equal to question 11b.1.
057	13b.5:	<ul style="list-style-type: none"> The response in question 13b.5 is not equal to question 12a.7 <u>and</u> the response to question 10a is 6. (When settlement is indicated, the verdict amount should equal the total settlement amount).
058	13b:	<ul style="list-style-type: none"> A response is not indicated in question 13b.6 <u>and</u> the response to question 10a is 7 or 8. The response in question 13b.6 is not equal to the sum of column 3, questions 13b.2 through 13b.4. A response is indicated in column 3 of question 13b <u>and</u> the response to question 10a is 1, 2, 3, 4, 5, or 6.

Error Codes

CODE	QUESTION	EXPLANATION(S)
059	13b.6:	<ul style="list-style-type: none"> • The response in question 13b.6 is not equal to question 11d.1 <u>and</u> question 10a is 7 or 8 <u>and</u> question 11c is "Y". • The response in question 13b.6 is not equal to question 11b.1 <u>and</u> question 10a is 7 or 8 <u>and</u> question 11c is "N".
060	13b.6:	<ul style="list-style-type: none"> • The response in question 13b.6 is not equal to question 12a.7.
061	13c:	<ul style="list-style-type: none"> • The response is not "Y" or "N" <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. • A response is indicated <u>and</u> the response to question 10a is 6, 7, or 8.
062	13d:	<ul style="list-style-type: none"> • A response is not indicated in column 1 <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. • The sum of the responses in column 1 is not equal to 100%.
063	13d:	<ul style="list-style-type: none"> • A response is not indicated in column 2 <u>and</u> the response to question 10a is 1, 2, 3, 4, or 5. • The sum of the responses in column 2 is not equal to question 13d.5.
064	13d.5:	<ul style="list-style-type: none"> • The response in question 13d.5 is not equal to question 11e.1.
065	13d.5:	<ul style="list-style-type: none"> • The response in question 13d.5 is not equal to question 12a.7.
066		<ul style="list-style-type: none"> • Reserved for internal use.
067		<ul style="list-style-type: none"> • Reserved for internal use.
068	14a:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
069	14b:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
070	14c:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 14b is "Y". • A response is indicated <u>and</u> the response to question 14b is not "Y".
071	15a:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
072	15b:	<ul style="list-style-type: none"> • The response is not between 1 and 4 <u>and</u> the response to question 15a is "Y". • A response is indicated <u>and</u> the response to question 15a is "N".
073	16a:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
074	16b:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 16a is "Y". • A response is indicated <u>and</u> the response to question 16a is not "Y".
075	16b.3:	<ul style="list-style-type: none"> • The response is not equal to the sum of questions 16b.1 and 16b.2.
076	16b.4:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to question 16a is "Y".
077	16c:	<ul style="list-style-type: none"> • The response is not "Y" or "N".
078	17d:	<ul style="list-style-type: none"> • The response is not equal to the sum of questions 17a through 17c.
079	13e.1:	<ul style="list-style-type: none"> • A response is not indicated <u>and</u> the response to questions 12a.5 or 12c indicates the involvement of other defendants.
080	13e.1:	<ul style="list-style-type: none"> • This code will appear when the response to 13e.1 is not consistent with the response to 13e.2. • The response in question 13e.1 represents a number that is not equal to the sum of the responses in questions 13e.2.

Error Codes

CODE	QUESTION	EXPLANATION(S)
081	16b.3:	<ul style="list-style-type: none"> The response in question 16b.3 is not equal to question 12a.7.
082	13d:	<ul style="list-style-type: none"> A response is indicated in question 13d <u>and</u> 10a is 6, 7, 8 or 9.
083		<ul style="list-style-type: none"> A response is not indicated for the company name (see identification page).
084		<ul style="list-style-type: none"> Reserved for internal use.
085		<ul style="list-style-type: none"> Reserved for internal use.
086		<ul style="list-style-type: none"> Reserved for internal use.
087		<ul style="list-style-type: none"> Reserved for internal use.
088		<ul style="list-style-type: none"> Reserved for internal use.
089		<ul style="list-style-type: none"> A response is not indicated for the NAIC company code. The response is for an ineligible company (see identification page). The response is not a recognized NAIC company code for closed claim reporting.
090		<ul style="list-style-type: none"> A response is not indicated for the Claim File ID number (see identification page). A photocopy of the report is attached to the Rejection Summary.
091		<ul style="list-style-type: none"> A response is not indicated for the coordinator's name is blank (see identification page).
092	12a.7:	<ul style="list-style-type: none"> The response is \$25,000 or less. Please review each rejected form carefully and verify the payment amount. DO NOT RESUBMIT CLAIMS OF \$25,000 OR LESS.
093	12a.7:	<ul style="list-style-type: none"> The response indicates that the wrong form is being used (short form vs. long form). Please review each rejected form carefully and verify the total settlement amount. The determination of which report to use depends on the response to question 12a.7.
094	12b:	<ul style="list-style-type: none"> A response (dollar amount) is not indicated in column 3 <u>and</u> question 12a.5 is not zero.
095		<ul style="list-style-type: none"> Reserved for future use.
096		<ul style="list-style-type: none"> Reserved for future use.
097		<ul style="list-style-type: none"> This code will appear when TDI staff determined that a report is submitted in error. The reason why the report rejected is stated in the "Additional Messages" comments on the Rejection Summary. If the comment included within the "Additional Messages" is accurate, then no corrective action is necessary. If it is determined that the "Additional Messages" is inaccurate, then please submit a corrected report.
098		<ul style="list-style-type: none"> Reserved for future use.
099		<ul style="list-style-type: none"> This code will appear when TDI records indicate that reports with duplicate claim file ID numbers were submitted by a particular company. Photocopies of all reports with this claim number are enclosed. In the lower right hand corner, TDI staff will designate whether the report is accepted or rejected. Please indicate whether the report is a revision, a multiple-claimant file, or a true duplicate. If this involves a multiple-claimant file, please indicate the claimant suffix number on the report so that each report will have a unique claim file ID number.
Additional Messages:		<ul style="list-style-type: none"> Self-explanatory.

Closed Claim Reconciliation Form

**DO NOT USE THIS FORM
IT IS INTENDED FOR INFORMATIONAL PURPOSES ONLY**

Company Name _____ NAIC# _____ NAIC Group _____

Contact Person _____ Telephone _____ Email _____

Note: Round all amounts to dollars.

Annual Statement Lines of Business	General Liability and Other Professional Liability			Commercial Auto Liability		Texas Commercial Multiperil Liability	Medical Professional Liability	TOTAL
	17.1	17.2	18	19.3	19.4	5.2	11	
1. Payments Included in Quarterly Closed Claim Reports from the ATL** (green)								
2. Payments reported on Annual Aggregate Closed Claim Report (Col. 4)								
3. Total Closed Claim Payments Reported (Line 1 + Line 2)								

ADJUSTMENTS TO LINE 3

4. Property damage losses paid								
5. Other losses reported on Texas Statutory Page 14 that did not entail bodily injury*								
6. Payments on Bodily Injury claims not closed in calendar year ____								
7. Pymts made before 1/1/12 on Bodily Injury claims closed during calendar year ____	()	()	()	()	()	()	()	()
8. Excess coverage payments not reportable on Quarterly Closed Claim Reports								
9. Losses paid on claims not settled under Texas law								
10. Payments on claims reported on policies written in another state	()	()	()	()	()	()	()	()
11. Payments of \$25,000 or less that were reported on Quarterly Reports	()	()	()	()	()	()	()	()
12. Reimbursements received	()	()	()	()	()	()	()	()
13. Rounding and Statistical Adjustments <i>Attach explanation</i>								
14. Unusual Circumstances (blue) <i>Attach explanation</i>								
15. Write-in Adjustments <i>Attach explanation</i>								
16. Payments for claims on the Closed Claim Report of Unaccepted Transactions (pink)								
17. Closed Claim subtractions* (yellow & green)	()	()	()	()	()	()	()	()
18. Closed Claim additions* (yellow & green)								
19. Late Quarterly Closed Claim Reports*								
20. Sum of lines 3 through 19 <i>Must equal line 21</i>								

21. <i>Annual Statement - Texas Statutory Page 14, DIRECT LOSSES PAID</i>								
---	--	--	--	--	--	--	--	--

* See instructions for further details

**ATL= Accepted Transactions Listing (green form)

Annual Aggregate Closed Claim Report

**DO NOT USE THIS FORM
IT IS INTENDED FOR INFORMATIONAL PURPOSES ONLY**

Bodily Injury Indemnity Payments of \$25,000 or Less Calendar Year _____

Company Name _____ NAIC# _____ NAIC Group _____

Contact Person _____ Telephone _____ Email _____

	(1) Aggregate Number of Claims \$0 Indemnity Payments	(2) Aggregate Number of Claims \$1 to \$25,000 Indemnity Payments	(3) Total Number of Claims (1 + 2)	(4) Aggregate Dollar Amount Paid Out
--	---	---	--	--

General Liability				
Other Professional Liability				
Subtotal for General Liability and Other Professional Liability				**
Commercial Auto Liability				*
Liability Portion of Texas Commercial Multiperil				*
Medical Professional Liability				*
TOTAL				*

* Transfer totals to Line 2 of the Reconciliation Form.

** Transfer subtotal to Line 2 of the Reconciliation Form.

Data Call Schedule

This data call schedule is for general information only. Please visit our web site at www.tdi.texas.gov

The data call schedule is also found in the publication *Filing Smart- A Guide to Filings Made with the Financial Program & Data Services Division of the Texas Department of Insurance*. *Filing Smart* is available on TDI's web site or copies, available at no charge, may be ordered by contacting:

Texas Department of Insurance
Publications Distribution MC101-PD
P.O. Box 149104
Austin, TX 78714-9104
Phone: (512) 676-6137

WHO FILES	DOCUMENT	DUE DATE	LEGAL CITE
Property/Casualty Insurers including County Mutuels, Lloyds, Reciprocal, Domestic Risk Retention Groups writing commercial general liability, product liability, commercial multiperil liability, commercial auto liability or medical professional liability.	Quarterly Closed Claim Report (Short/Long Form)	Automatically Due to TDI. Must be received by TDI by the 10th calendar day after the end of the quarter in which the claim was closed. *See chart below	TIC §§38.151 – 38.163 28 TAC §5.9201
Property/Casualty Insurers including County Mutuels, Lloyds, Reciprocal, Domestic Risk Retention Groups writing commercial general liability, product liability, commercial multiperil liability, commercial auto liability or medical professional liability.	Annual Aggregate Closed Claim Report	TDI will issue a Commissioner's Bulletin which will include reporting instructions, forms and due dates.	TIC §§38.151 – 38.163 28 TAC §5.9202
Property/Casualty Insurers including County Mutuels, Lloyds, Reciprocal, Domestic Risk Retention Groups writing commercial general liability, product liability, commercial multiperil liability, commercial auto liability or medical professional liability.	Closed Claim Reconciliation Report Form	TDI will issue a Commissioner's Bulletin which will include reporting instructions, forms and due dates.	TIC §§38.151 – 38.163 28 TAC §5.9204

QUARTERLY CLOSED CLAIM DUE DATES		
QUARTER DESIGNATION ↓	↓	REPORTS DUE TO TDI BY ↓
1 st	January-March	April 10
2 nd	April-June	July 10
3 rd	July-September	October 10
4 th	October-December	January 10

Compliance

Texas Insurance Code

Failure to comply with TDI's Reporting Requirements may result in disciplinary action.

Excerpted from the Texas Insurance Code.

CHAPTER 38 SUBCHAPTER D. LIABILITY INSURANCE CLOSED CLAIM REPORTS.

§ 38.151. DEFINITIONS

In this subchapter:

- (1) "Insurer" means:
 - (A) an insurance company or other entity that is admitted to do business and authorized to write liability insurance in this state, including:
 - (i) a county mutual insurance company;
 - (ii) a Lloyd's plan insurer; and
 - (iii) a reciprocal or interinsurance exchange; and
 - (B) a pool, joint underwriting association, or self-insurance mechanism or trust authorized by law to insure its participants, subscribers, or members against liability.
- (2) "Liability insurance" means:
 - (A) general liability insurance;
 - (B) medical professional liability insurance;
 - (C) professional liability insurance other than medical professional liability insurance;
 - (D) commercial automobile liability insurance;
 - (E) the liability portion of commercial multiperil insurance coverage; and
 - (F) any other type or line of liability insurance designated by the commissioner under Section 38.163.

§ 38.152. EXEMPTION

This subchapter does not apply to a farm mutual insurance company or to a county mutual fire insurance company writing exclusively industrial fire insurance as described by Section 912.310.

§ 38.153. DEFINITION

- (a) Not later than the 10th day after the last day of the calendar quarter in which a claim for recovery under a liability insurance policy is closed, the insurer shall file with the department a closed claim report if the indemnity payment for bodily injury under the coverage is \$75,000 or more.
- (b) A closed claim report must be filed in a form prescribed by the commissioner.

§ 38.154. CONTENT OF CLOSED CLAIM REPORT FORM

- (a) The closed claim report form adopted by the commissioner for a report under Section 38.153 must require information relating to:
 - (1) the identity of the insurer;
 - (2) the liability insurance policy, including:

Compliance

Texas Insurance Code

- (A) the type or types of insurance;
- (B) the policy limits;
- (C) whether the policy was an occurrence or claims-made policy;
- (D) the classification of the insured; and
- (E) reserves for the claim;

(3) details of:

(A) any injury, damage, or other loss that was the subject of the claim, including:

- (i) the type of injury, damage, or other loss;
- (ii) where and how the injury, damage, or other loss occurred;
- (iii) the age of any injured party; and
- (iv) whether an injury was work-related;

(B) the claims process, including:

- (i) whether a lawsuit was filed;
- (ii) where a lawsuit, if any, was filed;
- (iii) whether attorneys were involved;
- (iv) the stage at which the claim was closed;
- (v) any court verdict;
- (vi) any appeal;
- (vii) the number of other defendants; and
- (viii) whether the claim was settled outside of court and, if so, at what stage; and

(C) the amount paid on the claim, including:

- (i) the total amount of a court award;
- (ii) the amount paid by the insurer;
- (iii) any amount paid by another insurer;
- (iv) any amount paid by another defendant;
- (v) any collateral source of payment;
- (vi) any structured settlement;
- (vii) the amount of noneconomic compensatory damages;
- (viii) the amount of prejudgment interest;
- (ix) the amount paid for defense costs;
- (x) the amount paid for punitive damages; and
- (xi) the amount of allocated loss adjustment expenses; and

(4) any other information that the commissioner determines to be significant in allowing the department and the legislature to monitor the liability insurance industry to ensure its solvency and to ensure that liability insurance is available, is affordable, and provides adequate protection in this state.

(b) The department may require an insurer to include in a closed claim report information relating to payment made for property damage and other damage on the claim under the coverage.

§ 38.155. SUMMARY CLOSED CLAIM REPORT

(a) An insurer shall file with the department a summary closed claim report for a claim for recovery under a liability insurance policy if the indemnity payment for bodily injury under the coverage is less than \$75,000 but more than \$25,000.

Compliance Texas Insurance Code

- (b) A summary closed claim report must be filed, in a form prescribed by the commissioner, not later than the 10th day after the last day of the calendar quarter in which the claim is closed.

§ 38.156. CONTENT OF SUMMARY CLOSED CLAIM REPORT FORM

The summary closed claim report form adopted by the commissioner for a report under Section 38.155 must require information relating to:

- (1) the identity of the insurer;
- (2) the liability insurance policy, including:
 - (A) the type or types of insurance;
 - (B) the classification of the insured; and
 - (C) reserves for the claim;
- (3) details of:
 - (A) the claims process, including:
 - (i) whether a lawsuit was filed;
 - (ii) whether attorneys were involved;
 - (iii) the stage at which the claim was closed;
 - (iv) any court verdict;
 - (v) any appeal; and
 - (vi) whether the claim was settled outside of court and, if so, at what stage; and
 - (B) the amount paid on the claim, including:
 - (i) the total amount of a court award;
 - (ii) the amount paid to the claimant by the insurer;
 - (iii) the amount paid for defense costs;
 - (iv) the amount paid for punitive damages; and
 - (v) the amount of allocated loss adjustment expenses; and
- (4) any other matter that the commissioner determines to be significant in allowing the department and the legislature to monitor the liability insurance industry to ensure its solvency and to ensure that liability insurance is available, is affordable, and provides adequate protection in this state.

§ 38.157. AGGREGATE REPORT

- (a) An insurer shall file with the department one report containing the information required under this section for all claims closed within the calendar year for which the indemnity payments for bodily injury under the coverage are \$25,000 or less, including claims for which an indemnity payment is not made on closing.
- (b) The report must include, in summary form at least the following information:
 - (1) the aggregate number of claims; and
 - (2) the aggregate dollar amount paid out.
- (c) The report must be filed in a form and in a manner prescribed by the commissioner.

Compliance

Texas Insurance Code

§ 38.158. ALTERNATIVE REPORTING

- (a) After notice and public hearing, the commissioner may provide for alternative reporting in the form of sampling of the required closed claim data instead of requiring insurers to file the closed claim data required by this subchapter.
- (b) The department may use a statistical reporting agency to reconcile the data.

§ 38.159. COMPILATION OF DATA; REPORT

The department shall compile the data included in individual closed claim reports and summary closed claim reports into a composite form and shall prepare annually a written report of the composite data. The department shall make the report available to the public.

§ 38.160. ELECTRONIC DATABASE

The commissioner may:

- (1) establish an electronic database composed of reports filed with the department under this subchapter;
- (2) provide the public with access to that data;
- (3) establish a system to provide access to that data by electronic data transmittal processes; and
- (4) set and charge a fee for electronic access to the database in an amount reasonable and necessary to cover the costs of access.

§ 38.161. REPORT TO LEGISLATURE

- (a) The department shall submit copies of the report required by Section 38.159 to the presiding officers of each house of the legislature.
- (b) The department, on request of the lieutenant governor, the speaker of the house of representatives, or the presiding officer of a legislative committee, shall provide to the legislature additional composite data based on closed claim reports and summary closed claim reports. Reports prepared under this subsection shall be available to the public.

§ 38.162. INFORMATION CONFIDENTIAL

- (a) Information included in an individual closed claim report or an individual summary closed claim report submitted by an insurer under this subchapter is confidential and may not be made available by the department to the public.
- (b) Information included in an individual closed claim report or an individual summary closed claim report may be examined only by the commissioner and department employees.

§ 38.163. RULES AND FORMS

The commissioner may adopt necessary rules to:

- (1) implement this subchapter;
- (2) define terminology, criteria, content, and other matters relating to the reports required under this subchapter; and
- (3) designate other types or lines of liability insurance required to provide information under this subchapter.

Compliance Texas Administrative Code

Failure to comply with TDI's Reporting Requirements may result in disciplinary action.

Excerpted from Title 28 of the Texas Administrative Code.

CHAPTER 5. PROPERTY AND CASUALTY INSURANCE
SUBCHAPTER L. REPORTING REQUIREMENTS FOR LIABILITY INSURANCE UNDER THE INSURANCE CODE,
ARTICLE 1.24A AND ARTICLE 1.24B

Authority: The provisions of this Subchapter L issued under the Insurance Code, Article 1.24B, and Texas Civil Statutes, Article 6252-13a, § 4 and § 5.

§ 5.9201 QUARTERLY CLOSED CLAIM REPORT FORMS--LIABILITY INSURANCE UNDER THE INSURANCE CODE, ARTICLE 1.24B

The State Board of Insurance adopts by reference quarterly closed claim report forms--liability insurance, together with instructions effective March 1, 1988. The forms and instructions, which liability insurers shall use in complying with reporting requirements under the Insurance Code, Article 1.24B, are published by and are available from Hart Graphics, P.O. Box 968, Austin, Texas 78767, and are available from and on file at the Statistical and Rate Development Division, State Board of Insurance, 1110 San Jacinto Boulevard, Austin, Texas 78701-1998.

Source: The provisions of this § 5.9201 adopted to be effective February 29, 1988, 13 TexReg 785.

*

CHAPTER 5. PROPERTY AND CASUALTY INSURANCE
SUBCHAPTER L. REPORTING REQUIREMENTS FOR LIABILITY INSURANCE UNDER THE INSURANCE CODE,
ARTICLE 1.24A AND ARTICLE 1.24B

§ 5.9202 ANNUAL CLOSED CLAIM REPORT FORMS-LIABILITY INSURANCE UNDER THE INSURANCE CODE, ARTICLE 1.24B

Effective April 21, 1989, the State Board of Insurance adopts by reference annual closed claim report forms for liability insurers together with instructions. The forms and instructions, which liability insurers shall use in complying with the reporting requirements under the Insurance Code, Article 1.24B, are published by the State Board of Insurance and are available from the Statistical and Rate Development Division, State Board of Insurance, 1110 San Jacinto Boulevard, Austin, Texas 78701-1998.

Source: The provisions of this § 5.9202 adopted to be effective April 21, 1989, 14 TexReg 1748.

****CHAPTER 5. PROPERTY AND CASUALTY INSURANCE**
SUBCHAPTER L. REPORTING REQUIREMENTS FOR LIABILITY INSURANCE UNDER THE INSURANCE CODE,
ARTICLE 1.24A AND ARTICLE 1.24B

§ 5.9204 TEXAS CLOSED CLAIM RECONCILIATION FORM FOR THE CALENDAR YEAR

The State Board of Insurance adopts by reference the "Texas Closed Claim Reconciliation Form for the Calendar Year," together with instructions. This document is published by the State Board of Insurance and is available from the Statistical and Rate Development Division, Mail Code 000-2, State Board of Insurance, 1110 San Jacinto Boulevard, Austin, Texas 78701-1998.

Source: The provisions of this § 5.9204 adopted to be effective March 14, 1991, 16 TexReg 1365.

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Data Services MC105-5D
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ONLINE ACCESS

Internet Home Address: www.tdi.texas.gov

Under *Topic A - Z*, select *Data Calls* or the direct link is <http://www.tdi.texas.gov/webinfo/datacall.html>
Electronic copies of the Long & Short Forms and the *Closed Claim Reporting Guide* are available.

TEXAS COUNTY CODES

CO NO	COUNTY NAME	CO NO	COUNTY NAME	CO NO	COUNTY NAME	CO NO	COUNTY NAME
1	ANDERSON	65	DONLEY	129	KARNES	192	REAGAN
2	ANDREWS	66	KENEDY	130	KAUFMAN	193	REAL
3	ANGELINA	67	DUVAL	131	KENDALL	194	RED RIVER
4	ARANSAS	68	EASTLAND	66	KENEDY	195	REEVES
5	ARCHER	69	ECTOR	132	KENT	196	REFUGIO
6	ARMSTRONG	70	EDWARDS	133	KERR	197	ROBERTS
7	ATASCOSA	71	ELLIS	134	KIMBLE	198	ROBERTSON
8	AUSTIN	72	EL PASO	135	KING	199	ROCKWALL
9	BAILEY	73	ERATH	136	KINNEY	200	RUNNELS
10	BANDERA	74	FALLS	137	KLEBERG	201	RUSK
11	BASTROP	75	FANNIN	138	KNOX	202	SABINE
12	BAYLOR	76	FAYETTE	139	LAMAR	203	SAN AUGUSTINE
13	BEE	77	FISHER	140	LAMB	204	SAN JACINTO
14	BELL	78	FLOYD	141	LAMPASAS	205	SAN PATRICIO
15	BEXAR	79	FOARD	142	LA SALLE	206	SAN SABA
16	BLANCO	80	FORT BEND	143	LAVACA	207	SCHLEICHER
17	BORDEN	81	FRANKLIN	144	LEE	208	SCURRY
18	BOSQUE	82	FREESTONE	145	LEON	209	SHACKELFORD
19	BOWIE	83	FRIO	146	LIBERTY	210	SHELBY
20	BRAZORIA	84	GAINES	147	LIMESTONE	211	SHERMAN
21	BRAZOS	85	GALVESTON	148	LIPSCOMB	212	SMITH
22	BREWSTER	86	GARZA	149	LIVE OAK	213	SOMERVELL
23	BRISCOE	87	GILLESPIE	150	LLANO	214	STARR
24	BROOKS	88	GLASSCOCK	151	LOVING	215	STEPHENS
25	BROWN	89	GOLIAD	152	LUBBOCK	216	STERLING
26	BURLESON	90	GONZALES	153	LYNN	217	STONEWALL
27	BURNET	91	GRAY	154	MADISON	218	SUTTON
28	CALDWELL	92	GRAYSON	155	MARION	219	SWISHER
29	CALHOUN	93	GREGG	156	MARTIN	220	TARRANT
30	CALLAHAN	94	GRIMES	157	MASON	221	TAYLOR
31	CAMERON	95	GUADALUPE	158	MATAGORDA	222	TERRELL
32	CAMP	96	HALE	159	MAVERICK	223	TERRY
33	CARSON	97	HALL	160	MC CULLOCH	224	THROCKMORTON
34	CASS	98	HAMILTON	161	MC LENNAN	225	TITUS
35	CASTRO	99	HANSFORD	162	MC MULLEN	226	TOM GREEN
36	CHAMBERS	100	HARDEMAN	163	MEDINA	227	TRAVIS
37	CHEROKEE	101	HARDIN	164	MENARD	228	TRINITY
38	CHILDRESS	102	HARRIS	165	MIDLAND	229	TYLER
39	CLAY	103	HARRISON	166	MILAM	230	UPSHUR
40	COCHRAN	104	HARTLEY	167	MILLS	231	UPTON
41	COKE	105	HASKELL	168	MITCHELL	232	UVALDE
42	COLEMAN	106	HAYS	169	MONTAGUE	233	VAL VERDE
43	COLLIN	107	HEMPHILL	170	MONTGOMERY	234	VAN ZANDT
44	COLLINGSWORTH	108	HENDERSON	171	MOORE	235	VICTORIA
45	COLORADO	109	HIDALGO	172	MORRIS	236	WALKER
46	COMAL	110	HILL	173	MOTLEY	237	WALLER
47	COMANCHE	111	HOCKLEY	174	NACOGDOCHES	238	WARD
48	CONCHO	112	HOOD	175	NAVARRO	239	WASHINGTON
49	COOKE	113	HOPKINS	176	NEWTON	240	WEBB
50	CORYELL	114	HOUSTON	177	NOLAN	241	WHARTON
51	COTTLE	115	HOWARD	178	NUECES	242	WHEELER
52	CRANE	116	HUDSPETH	179	OCHILTREE	243	WICHITA
53	CROCKETT	117	HUNT	180	OLDHAM	244	WILBARGER
54	CROSBY	118	HUTCHINSON	181	ORANGE	245	WILLACY
55	CULBERSON	119	IRION	182	PALO PINTO	246	WILLIAMSON
56	DALLAM	120	JACK	183	PANOLA	247	WILSON
57	DALLAS	121	JACKSON	184	PARKER	248	WINKLER
58	DAWSON	122	JASPER	185	PARMER	249	WISE
59	DEAF SMITH	123	JEFF DAVIS	186	PECOS	250	WOOD
60	DELTA	124	JEFFERSON	187	POLK	251	YOAKUM
61	DENTON	125	JIM HOGG	188	POTTER	252	YOUNG
62	DE WITT	126	JIM WELLS	189	PRESIDIO	253	ZAPATA
63	DICKENS	127	JOHNSON	190	RAINS	254	ZAVALA
64	DIMMIT	128	JONES	191	RANDALL	299	NOT TEXAS

Source: Texas Department of Transportation

SAMPLE CLOSED CLAIM REPORT FORMS

The following annotated sample Quarterly Closed Claim Report Forms (Long Form and Short Form) are available in PDF format for download from TDI's web site located at www.tdi.texas.gov or <http://www.tdi.texas.gov/webinfo/datacall.html>



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: _____

(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 \$ _____

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

- | | | | 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)

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

(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)

SHORT FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OVER \$25,000 BUT LESS THAN \$75,000

NAIC Company Code: _____ NAIC Group Code: _____

(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

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

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]

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

- 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):



Print

LONG FORM

Texas Commercial Liability Insurance Closed Claim Report Indemnity Payments of \$75,000 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 \$75,000 OR MORE
 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
-
- 2. Age of injured person at the time of the injury:**
 (indicate months only if child is less than one year of age) ____ Years ____ Months Always Complete
-
- 3. a. Was injured person employed at the time of the loss?** ____ (Y/N) Always Complete
- b. If 3.a is "Y", was the injury work-related?** ____ (Y/N) Do not respond if 3.a is "N"
-
- 4. Type of injury:**
- Select all that apply: Always Complete
- 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 3)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
NAIC Company Code: _____ NAIC Group Code: _____

(Question #4 continued)

- i. Nervous condition -----
- j. Hearing loss or impairment -----
- k. Circulatory condition-----
- l. Multiple injuries (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:

Always Complete

- 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)

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

(Question #6 is continued on page 4)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
NAIC Company Code: _____ NAIC Group Code: _____

(Question #6 continued)

- 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. 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 5)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 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)

d. 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

Always complete

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

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
NAIC Company Code: _____ NAIC Group Code: _____

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

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 7)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
 NAIC Company Code: _____ NAIC Group Code: _____

(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

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

(Round to whole dollars)



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 non-economic, exemplary damages, or pre-judgment 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 \$ _____

(Round to whole dollars)



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

(Question #11 is continued on page 8)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 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 pre-judgment 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 | \$ _____ * | (Round to whole dollars)
↓ |
| 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
- | | | |
|---|----------|-------------------------------|
| 1. Amount paid by the primary carrier | \$ _____ | (Round to whole dollars)
↓ |
| 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 | \$ _____ | |
- 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 9)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 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:

	<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

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

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? _____
 (Y/N) Complete item 13.c if there is not a court verdict

(Question #13 is continued on page 10)

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
 NAIC Company Code: _____ NAIC Group Code: _____

(Question #13 continued)

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

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

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

(Round to whole dollars)



e. 1. How many other defendants were there?
 (enter the applicable alpha character from below in the space provided)

If there are no other defendants, then leave blank

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

<u>Complete all that apply</u> _____	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

LONG FORM
TEXAS CLOSED CLAIM REPORT
INDEMNITY PAYMENTS OF \$75,000 OR MORE
 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:

- 1. Immediate payment \$ _____ *Round to whole dollars*
- 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 \$75,000 OR MORE
NAIC Company Code: _____ NAIC Group Code: _____

- 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):