



OFFICE OF THE COMMISSIONER OF INSURANCE  
COMMONWEALTH OF PUERTO RICO

REPORT OF PROFESSIONAL LIABILITY CLAIMS FIRST RECEIVED  
DURING THE SEMESTER ENDING ON \_\_\_\_\_<sup>2</sup>

Report for:<sup>1</sup>

Physicians, Surgeons & Dentists

Hospitals

Item No.	Policy Number	Claim No.	Type of Policy	Effective Date	Expiration Date	Date of Medical Incident	Date Claim Was Filed	Limits of Liability	Amount of Reserve	Specialty of Insured	Amount Claimed	Name & Address of the Insured
Total of Claims												

\_\_\_\_\_  
Date Report is Filed

\_\_\_\_\_  
Name of Insurer

<sup>1</sup> Provide two separate reports, one for Physicians, Surgeons & Dentist claims, and another one for Hospital claims. Identify it on the heading.

<sup>2</sup> List first all claims on primary policies and provide a subtotal for them, then list all claims on excess policies, if any, providing also a subtotal.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name and Position of Official Signing Above



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