



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

REPORT OF PROFESSIONAL LIABILITY CLAIMS FIRST RECEIVED
DURING THE SEMESTER ENDING ON _____²

Report for:¹
 Physicians, Surgeons & Dentists
 Hospitals

Item No.	Claim No.	Primary Insurer, if an Excess Claim	Brief Description of the Claims Informed in Form AM-I-10

_____ Date Report is Filed

_____ Name of Insurer

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

² 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